

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000014958

FILED
Apr 20, 2009
Secretary of State

Entity Name: HOPS, SCOTCH & VINE, INC.

Current Principal Place of Business:

12788 INDIAN ROCKS RD.
#1
LARGO, FL 33774

New Principal Place of Business:

Current Mailing Address:

12788 INDIAN ROCKS RD.
#1
LARGO, FL 33774

New Mailing Address:

FEI Number: 11-3746099 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUNDERS, WILLIAM
724 BAYWAY BLVD #2B
CLEARWATER BEACH, FL 33767 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAUNDERS, WILLIAM
Address: 724 BAYWAY BLVD #2B
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: V () Delete
Name: SAUNDERS, SHIRLEY
Address: 724 BAYWAY BLVD #2B
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: S () Delete
Name: PEAREN, JILLIAN
Address: 724 BAYWAY BLVD #2B
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: T () Delete
Name: PEAREN, RAYMOND
Address: 724 BAYWAY BLVD #2B
City-St-Zip: CLEARWATER BEACH, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILLIAN PEAREN

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04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date