

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90023 048 ***150.00

DOCUMENT # P05000094497

1. Entity Name
MEMORY HOPKINS & ASSOCIATES, INC.



Principal Place of Business

~~P O BOX 354261~~ **18 RYECROFT LN**
PALM COAST, FL 32135 US
32164

Mailing Address

P O BOX 354261
PALM COAST, FL 32135 US

40103331



02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2953548

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HOPKINS, MEMORY L
18 RYECROFT LN
PALM COAST, FL 32164

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOPKINS, MEMORY L
STREET ADDRESS	18 RYECROFT LN
CITY-ST-ZIP	PALM COAST, FL 32164
TITLE	VP
NAME	HOPKINS, JAY
STREET ADDRESS	20 RIVERSIDE LANE 224 Sienna Lane
CITY-ST-ZIP	PALM COAST, FL 32164 St. Augustine FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Memory Hopkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

3/10/08

Daytime Phone #

386 934-9461