


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-16-2008 90023 049 \*\*\*150.00

|   |   |
|---|---|
| DOCUMENT # P05000094498                           |  |
| 1. Entity Name<br>MEMORY HOPKINS CONSULTING, INC. |   |

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|--|--|
| Principal Place of Business<br>P O BOX 354261 18 RYECROFT LN<br>PALM COAST, FL 32135-426 US<br>32164 | Mailing Address<br>P O BOX 354261<br>PALM COAST, FL 32135 US |
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**DO NOT WRITE IN THIS SPACE**



02212008 No Chg-P CR2E034 (11/05)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>20-2953366  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

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

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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 Memory Hopkins DATE 3/10/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |
|---|---|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>HOPKINS, MEMORY L<br>18 RYECROFT LN<br>PALM COAST, FL 32164 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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 DATE 3/10/08 DAYTIME PHONE # 386 831-9464  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR