## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 04, 2008 8:00 am Secretary of State

DOCUMENT # P07000012687  1. Entity Name NEW HOPE RENOVATIONS, INC.						03-04-2008	90013 013 ***15	50.00
Principal Plac	a of Rusinass	Mailing Address	Mailing Address		4	·		
10412 INNISBROOK DR.		10412 INNISBROOK DR.		; .	1.5		•	
JACKSONVILLE, FL 32222		JACKSONVILLE, FL 32222						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02262008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Numbe	์ ซีลาชเ		pplied For	
Zip	Country	Zip Cour		у		of Status Desired	\$8.75 Add	litional
6. Name and Address of Current Re		Registered Agent	1 Agent		7. Name and	Address of New R	<del></del>	
o. Hatte and Address of Current Registered Agent				Name		Addition of them is	egisterus Agent	
HUGHES, MARK S.			-	Street Address (P.O. Box Number is Not Acceptable)				
	ISBROOK DR. VILLE, FL 32222		Street Address		(P.O. BOX NUMBO	er is Not Acceptable	ə, —————————————	
							·····	
				City FL Zip Code				
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								
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.					.00 May Be ded to Fees			
10,	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	
TITLE	_ 55.05		TITLE				☐ Change	Addition
NAME STREET ADDRESS	,		NAME	T ADDRESS				
CITY-ST-ZIP			CITY-S					
TITLE	V □ Defete 11↑		TITLE		**		☐ Change	Addition
NAME	HUGHES, SHERRI NAM							
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			CITY-:	ST-ZIP				
TITLE NAME	☐ Deiate		TITLE				☐ Change	☐ Addition
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	C C		CITY-	ST-ZIP				
TITLE			TITLE				☐ Change	Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			CITY-	T ADDRESS ST-ZIP				
TITLE			TITLE	,	4		☐ Change	Addition
NAME			NAME					_
STREET ADDRESS CITY-S1-ZIP				T ADDRESS ST-ZIP				
TALE			TITLE	V. EII		*	☐ Change	Addition
NAME		LE Deicie	NAME				C1 Outside	
STREET ADDRESS			STREE	T ADDRESS				
CITY-ST-ZIP	м.		CITY-	ST-ZIP				
12. I hereby	certify that the information supplied with	this filing does not qualify to	or the exe	mptions containe	d in Chapter 119	Florida Statutes. I	further certify that the i	nformation

The Body certify that the information supplies with this fining does not qualify for the exemptions contained an Chapter 119, reload statutes. Further 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 outh; 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:** 

Shew Hugles SHE

SHERRI HUGHES

3/1/08

904-253-0312