


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P35255 1. Entity Name HOPPER-STEPHENS HATCHERIES, INCORPORATED	
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Principal Place of Business 989 JOHNSON RD LONOKE, AR 72086	Mailing Address 989 JOHNSON RD LONOKE, AR 72086
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DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 18 PM 1:23



03132008 No Chg-P CR2E034 (11/05)

4. FEI Number 71-0688370	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHENS, MARK 3377 HWY 321 E. AUSTIN, AR 72007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOPPER, BOB 110 CASEY LANE CABOT, AR 72023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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600121257656
03/25/08--01058--007 **150.00

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: <i>Mark Stephens</i> ✓ <i>Mark Stephens</i> ✓	3-14-08	501-676-2435
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>