## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 08, 2004 08:00 AM DOCUMENT # P92000010091 **Secretary of State** 1. Entity Name HOPO CORPORATION Principal Place of Business Mailing Address 6758 N MILITARY TR 6758 N MILITARY TR STE 301 W PALM BEACH FL 33407 STE 301 W PALM BEACH FL 33407 2. Principal Place of Business Maima Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0378284 Not Applicable Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELLER, FRED Street Address (P.O. Box Number is Not Acceptable) 6758 N MILITARY TR SUITE 301 W PALM BEACH FL 33407 City 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 NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change KELLER, FRED NAME NAME U00000081474 STREET ADDRESS 6758 N MILITARY TR STE 301 STREET ADDRESS 03/08/04-80151-016 150.00 CITY - ST- 7LP WEST PALM BEACH FL 33407 CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE Addition NAME KORTE, KEMBER NAME STREET ADDRESS 6758 N. MILITARY TRAIL #301 STREET ADDRESS WEST PALM BEACH FL 33407 CITY - ST - ZIP CITY-SI-ZIP TITLE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP \_\_\_ Change TITLE ☐ Delete TITLE ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-SY-ZIP

thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

EMBER KARK, V. P. 2/20/04 561-845-9911
DER OR DIRECTOR Daysme Phone #

**FILED**