2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 13, 2006 08:00 AM DGCUMENT # P93000018709 **Secretary of State** HIGH HOPES FARM, INC. Principal Place of Business Mailing Address 1760 STAFFORD SPRINGS P. O. BOX 936 MOUNT DORA FL 32757 MT. DORA FL 32757 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied Fi 4. FEI Number 59-3171816 Not Applica Zip Country 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 Name BRADDOCK, JACK K 1760 STAFFORD SPRINGS Street Address (P.O. Box Number is Not Acceptable) **MOUNT DORA FL 32757** 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 account the obligations of registered agent SIGNATURE Signature, typed or printed name of registured agent and title it applicable DATE (NOTE Registered Agent signature required when remalating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Change ☐ Delete me _ **□** #€ D00000486588 NAME BRADDOCK, JACK K NAME 03/23/06-80015-013 158.75 STREET ADDRESS 1760 STAFFORD SPRINGS STREET ADDRESS CITY-ST-ZIP MOUNT DORA FL 32757 Cary-S1-ZiP **□**A: TITLE Delete 1151.6 ☐ Change MAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CHY-ST-IP TITLE ☐ Deinte TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CHY-ST-ZIP THILE Oetete TITLE ☐ Change □ Ad~ MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THLE ☐ Change □ Admi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P ☐ Delete D 4.5... T171 F ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C)TY - ST - 71P

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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path, that I am an officer or direction that I am an officer or direction 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 1 is changed, or on an attaction with an address, with all other like empowered.

SIGNATURE: Jack K. Charlock - PRESICIENT 3-7-06 352-383-8075