



2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000000200 1. Entity Name HOP-N-SAVE, INC. - 805	
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Principal Place of Business 1625 GEORGE JENKINS BLVD LAKELAND, FL 33815 US	Mailing Address POST OFFICE BOX 3889 LAKELAND, FL 33802-3889
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DO NOT WRITE IN THIS SPACE

FILED
08 MAY 16 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03312008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3350839	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WEEKS, RALPH W
1625 GEORGE JENKINS BLVD.
LAKELAND, FL 33815

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IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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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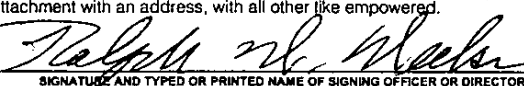
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WEEKS, RALPH W 1625 GEORGE JENKINS BLVD. LAKELAND, FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEEKS, STEPHEN R. 1625 GEORGE JENKINS BLVD LAKELAND, FL 33815
TITLE NAME STREET ADDRESS 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:  4/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #