

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000069582

1. Entity Name
GOOD HOPE MANOR, INC.



Principal Place of Business
**2251 NORTH WEST 29TH COURT
OAKLAND PARK, FL 33311**

Mailing Address
**2251 NORTH WEST 29TH COURT
OAKLAND PARK, FL 33311**



02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0610366

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SAMUEL, CHERIAN
2251 NW 29TH CT
OAKLAND PARK, FL 33311**

**DO NOT WRITE
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 _____

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAMUEL, CHERIAN 10220 SOUTH WEST 20TH STREET DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SAMUEL, SHIRLEY 10220 SOUTH WEST 20TH STREET DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SAJAN, SAMUEL 10220 SW 20 ST DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SAMUEL, SHEEBA 10220 SW 20 ST DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000061833
02/23/04-80095-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/2004

Date

Daytime Phone #