


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000069582</b>	
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
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**DO NOT WRITE IN THIS SPACE**



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0610366	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SAMUEL, CHERIAN 2251 NW 29TH CT OAKLAND PARK, FL 33311	
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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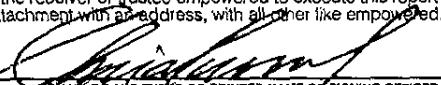
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - 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	

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02/10/05-80014-011 158.75

**DO NOT WRITE  
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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: 	2/10/2005 954 677 2900
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>