2004 FOR PROFIT CORPORATION ANNUAL REPORT

, ANNUAL REPORT											
DOCUMENT # P95000086645 1. Entity Name HOPS OF THE OHIO VALLEY, INC.							04	FILET			
Principal Place of Business HANCOCK @ WASHINGTON MADISON, GA 30650		1	Mailing Address HANCOCK @ WASHINGTON MADISON, GA 30650			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business		3.	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04192004	Chg-P	CR2E034	(10/03)	
City & State			City & State				4. FEI Numb 59-335				ed For Applicable
Zip	Country		Zip Coun		try	5. Certificate of Status Desire		of Status Desired	S8.75 Additional Fee Required		
6. Name and Address of Current I			stered Agent	Name	7. Name and Address of New Registered Agent Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301					Street Address (P.O. Box Number is Not Acceptable)						
	•				City			. <u>.</u>	FL	Zip Code	
8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.					ed office or r	egister	ed agent, or bo	th, in the State of Flo		niliar with, an	d accept
SIGNATURE*											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Trust Fund Contribution. 45.00 May Be Added to Fees										,	
10.		OFFICERS AND DIRE	CTORS	11.				CHANGES TO OFF	ICERS AND DI	RECTORS II	V 11
TITLE	PD		Delete			sident			Change [☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	WALDREP, MARC HANCOCK AT WA MADISON, GA 30	SHINGTON		ET ADDRESS - ST- ZIP	Madison, GA 30650						
TITLE	CEO		☐ Delete TIT					dent a Tra	asurer	Change [☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	DUPREE, TOM JI HANCOCK @ WA MADISON, GA 30	SHINGTON		EET ADDRESS -ST-ZIP	Tim Har Mae	limothy R. Ligon Hancock at Washington Madison, GA 30650					
TITLE NAME	S WILLIAMS, PERC	Y	☐ Delete	TITLE	E						☐ Addition
STREET ADDRESS CITY-ST-ZIP	HANCOCK AT WA MADISON, GA 30	SHINGTON	·	STRE	ET ADDRESS - ST- ZIP		05/13	000362 3/0401057	001 *		10
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					¥Đ] Change	☐ Addition
TITLE NAME	:	'	☐ Delete	TITL] Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		,			ET ADDRESS -ST-ZIP						
TITLE NAME			☐ Delete	TITLI	ie i] Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST- ZIP						
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 additional statutes.											
SIGNATURE: Percy Williams 4 2404 406-343-2092 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISECTOR Dayling Phone #											