

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000004991

FILED
Jan 17, 2008
Secretary of State

Entity Name: HOPSON HOLDINGS INCORPORATED

Current Principal Place of Business:

3700 MURCHISON ROAD
FAYETTEVILLE, NC 28311 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 130
FAYETTEVILLE, NC 283020130 US

New Mailing Address:

FEI Number: 59-3354714

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAZIER, W R
1515 RIVERSIDE AVENUE
SUITE A
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: HOPSON, JULIAN A
Address: 2238 CHERYL DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: DS () Delete
Name: HOPSON, SARA W
Address: 2238 CHERYL DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: DPT () Delete
Name: HOPSON, ALLEN C
Address: 3700 MURCHISON ROAD
City-St-Zip: FAYETTEVILLE, NC 28311

Title: DV () Delete
Name: HOPSON, W. SCOTT
Address: 3700 MURCHISON ROAD
City-St-Zip: FAYETTEVILLE, NC 28311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN C. HOPSON

DPT

01/17/2008

Electronic Signature of Signing Officer or Director

Date