2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9700009985 1. Entity Name HOPS GRILL & BAR, INC.							04	FILED MAY -5 P	A 6: 12		
Principal Place of Business HANCOCK @ WASHINGTON MADISON, GA 30650 US			Mailing Address HANCOCK @ WASHING MADISON, GA 30650			SEC TAL	RETARY OF LAHASSEE,	STATE FLORIDA		31 1 1116	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04202004	Chg-P	CR2E0	34 (10/03)	
City & State		City & State			4. FEI Number 58-229				plied For t Applicable		
Zip	Zip Country		Zip Coun		itry				\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent							7. Name and	Address of New F	legistered A	gent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			,	Name Street Address (P.O. Box Number is Not Acceptable)							
				City	ty FL Zip Code						
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: 'S Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
- wighter and the state of the											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	į	OFFICERS AND [DIRECTORS	11,			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	SIN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31	MARGARET AT WASHINGTON GA 30650	Delete			Mit	COCK	s, Bloche at Was GA 306	hing	Change ton	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MADISON,	@ WASHINGTON	Delete		E	Vice	President	ent \$Tre 2. Ligan at Was GA 306	hing	ton	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, HANCOCK MADISON,	AT WASHINGTON	☐ Delete		E		31 05/13	000362 8/0401051	2678 7001	Change **850.	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 1 1 1		☐ Delete		i					☐ Change	☐ Addition
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.											