

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000009985

1. Entity Name
HOPS GRILL & BAR, INC.



Principal Place of Business
**HANCOCK @ WASHINGTON
MADISON, GA 30650 US**

Mailing Address
**HANCOCK @ WASHINGTON
MADISON, GA 30650 US**

FILED

05 JUN 20 PM 2:30

SECRET
TALLAHASSEE, FLORIDA



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2292652

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fee**

**400056355094
05/20/05--01047--020 **2137.50**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BLOCHER, MITCHELL S
HANCOCK AT WASHINGTON
MADISON, GA 30650**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
LIGON, TIMOTHY R
HANCOCK AT WASHINGTON
MADISON, GA 30650**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WILLIAMS, PERCY
HANCOCK AT WASHINGTON
MADISON, GA 30650**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**400056355094
06/20/05--01047--021 **8.75**

**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

Percy Williams

5/1/05

Date

Daytime Phone #