

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90037 025 \*\*\*150.00

**DOCUMENT # P97000066852**

1. Entity Name  
**HOPE DEVELOPMENT, INC.**



Principal Place of Business  
**1390 HOPE ROAD  
SUITE 200  
MAITLAND, FL 32751 US**

Mailing Address  
**1390 HOPE ROAD  
SUITE 200  
MAITLAND, FL 32751 US**

**44006476**



2. Principal Place of Business  
**HOPE DEVELOPMENT**  
Suite, Apt. #, etc.  
**200**

3. Mailing Address  
**1390 HOPE ROAD**  
Suite, Apt. #, etc.

01152004 Chg-P CR2E034 (10/03)

City & State  
**MAITLAND**

City & State  
**FL**

4. FEI Number  
**59-3463121**

Applied For  
Not Applicable

Zip  
**32751**

Country  
**ORANGE**

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**BIRCHMIER, RANDALL  
1390 HOPE ROAD  
SUITE 200  
MAITLAND, FL 32751**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BIRCHMIER, RANDALL R  
1390 HOPE ROAD, SUITE 200  
MAITLAND, FL 32751** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
PHILLIPS, THOMAS B  
1390 HOPE ROAD, SUITE 200  
MAITLAND, FL 32751** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
PHILLIPS, JANE N  
P.O. BOX 741323  
ORANGE CITY, FL 32774** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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 recorder 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 I am empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-15-04**  
Date

**407-647-7445**  
Daytime Phone #