

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90347 020 ***150.00

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1. Entity Name

HOPKINS CROSSING, INC.



Principal Place of Business

1601 BELVEDERE ROAD
SUITE 407-S
WEST PALM BEACH FL 33406

Mailing Address

1601 BELVEDERE ROAD
SUITE 407-S
WEST PALM BEACH FL 33406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0788800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAPES, PAUL
1601 BELVEDERE ROAD
SUITE 407-S
WEST PALM BEACH FL 33406

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPTD ☐ Delete
NAME ASARCH, GAIL
STREET ADDRESS 1601 BELVEDERE ROAD #407-S
CITY-ST-ZIP WEST PALM BEACH FL 33406

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

TITLE D ☒ Delete
NAME STRAUSS, CYNDEE D
STREET ADDRESS 5775 PEACHTREE DUNWOODY RD., STE 200
CITY-ST-ZIP ATLANTA GA 30342

TITLE D ☒ Change ☐ Addition
NAME Strauss, Cyndee A.
STREET ADDRESS 5775 Peachtree Dunwoody Rd., Ste 200
CITY-ST-ZIP Atlanta, GA 30342

TITLE D ☐ Delete
NAME STRAUSS, RICHARD K
STREET ADDRESS 2555 FRALSTON AVENUE
CITY-ST-ZIP MILL VALLEY CA 94941

TITLE VPTD ☒ Change ☐ Addition
NAME
STREET ADDRESS 2555 Ralston Avenue
CITY-ST-ZIP Mill Valley CA 94941

TITLE PSD ☒ Delete
NAME MEYER, ARTHUR
STREET ADDRESS 1601 BELVEDERE ROAD #407-S
CITY-ST-ZIP WEST PALM BEACH FL 33406

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PAUL MAPES / DIRECTOR ☐ Change ☒ Addition
NAME
STREET ADDRESS 1601 BELVEDERE RD. #407-S
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-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 address, with all other lists empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gail Asarch

4/30/05

561-689-6601