


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90250 012 ***150.00

DOCUMENT # P97000082235					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0788800	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAPES, PAUL 1601 BELVEDERE ROAD SUITE 407-S WEST PALM BEACH, FL 33406			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)		
TITLE D <input type="checkbox"/> Delete NAME ASARCH, GAIL STREET ADDRESS 1601 BELVEDERE ROAD #407-S CITY-ST-ZIP WEST PALM BEACH, FL 33406			TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME ASARCH, Gail STREET ADDRESS 1601 Belvedere Rd - #407 S CITY-ST-ZIP West Palm Beach, FL 33406		
TITLE D <input type="checkbox"/> Delete NAME STRAUSS, CYNDEE D STREET ADDRESS 5775 PEACHTREE DUNWOODY RD., STE 200 CITY-ST-ZIP ATLANTA, GA 30342			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VPTD <input type="checkbox"/> Delete NAME STRAUSS, RICHARD K STREET ADDRESS 2500 BRADWAY BLVD CITY-ST-ZIP BLOOMFIELD HILLS, MI 48301			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME MAPES, PAUL STREET ADDRESS 1601 BELVEDERE ROAD #407-S CITY-ST-ZIP WEST PALM BEACH, FL 33406			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>P. M. G.</u> <u>UFO</u> <u>4/29/08</u> <u>561-689-6601</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					