## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P98000098120

## **FILED** Apr 30, 2008 8:00 am Secretary of State 04-30-2008 90195 050 \*\*\*158.75

1. Entity Nam	HOP GRO		0.20				0 1 30 2000		30.73
Principal Plac 141 CANDLE PANAMA CIT			Mailing Address 141 CANDLEWICK CIRCLE PANAMA CITY, FL 32405			60034025			
2. Principal P	Place of Busine	ss - No P.O. Bax #	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04252008	Chg-P	CR2E034 (12/06	3)	
City & State			City & State			4. FEI Numb 59-354		<del></del>	Applied For Not Applicable
Zíp		Country	Zíp	Coun	try	5. Certificate	of Status Desired	\$8.75 A Fee Requi	
JAMES, ALISA W 921 JENKS AVE. PANAMA CITY, FL 32401					Name and Address of New Registered Agent  Name PAUL C. BISHOP, P.E.  Street Address (P.O. Box Number is Not Acceptable) INCOMPLE WILLIC C. R. Zip Code 32.705				
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 the ill applicable. (NOTE: Registered Agent signature required when reinstating)  PLE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees									
10.		OFFICERS AND		11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	AUL C LEWICK CIRCLE CITY, FL 32405	Delet	NAM( STRE	l l			☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delet	NAMI STRE	i i			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delet	NAMI STREE	1			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	NAME: STRE	F			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	NAME STREET				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delei	NAME STREE				☐ Change	Addition
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.									

C. P. S.