

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # S41549**

1. Entity Name  
12844, INC.



Principal Place of Business  
18260 N.E. 19TH AVE.  
SUITE 202  
N. MIAMI BEACH, FL 33162

Mailing Address  
MARY HOPKINS  
9121 N MILITARY TR #222  
PALM BEACH GARDENS, FL 33410 US



03242004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0265766 Applied For Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

HOPKINS, MARY  
9121 N MILITARY TRAIL  
#222  
PALM BEACH GARDENS, FL 33410

**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 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

000000116102  
04/16/04-80051-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HOPKINS, MARY S CPA
STREET ADDRESS	9121 N MILITARY TRAIL #222
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	D
NAME	READE, RALPH H
STREET ADDRESS	3565 JARRY E STE 200
CITY-ST-ZIP	MONTREAL QUEBEC CANADA, H1Z-46
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Mary S Hop*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #