2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jān 31, 2004 08:00 AM DOCUMENT # \$45698 **Secretary of State** 1. Entity Name HOPKINS PLASTERING CORPORATION, INC. Principal Place of Business Mailing Address 1667 BRAVO DRIVE CLEARWATER FL 33764 1667 BRAVO DRIVE CLEARWATER FL 33764 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt # etc CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3064530 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOPKINS, JOHN R 1667 BRAVO DRIVE Street Address (P.O. Box Number is Not Acceptable) CLEARWATER FL 34624 City 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 whon reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. **OFFICERS AND DIRECTORS** 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPT Delete TITLE Change Addition HOPKINS, JOHN R NAME NAME UP00000023748 STREET ADDRESS 1667 BRAVO DRIVE STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33764 CiTY-ST-ZIP TITLE VS. ☐ Delete TITLE Change Addition HOPKINS, MICHAEL W NAME NAME STREET ADDRESS 1667 BRAVO DR STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33764 CITY-ST-ZIP TELLE ☐ Delete TITLE ☐ Change Addition MAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CRTY-ST-ZIP 33TLE ☐ Delete TITLE ☐ Addition Change Change NAME NAME STREET ADDRESS STREET AGGRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TETLE ☐ Change ☐ Addition NAME MESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CXTY - ST- ZIP TITLE Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-789 CITY-\$7-28P

12. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(f), 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

JOHN R. HOPKINS

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

SIGNATURE:

FILED

727-531-5179