2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000004700

1. Entity Name
COMMITTED, INC.

Principal Place of Business	Mailing Address
195 S. WESTMONTE DR. SUITE C ALTAMONTE SPRINGS, FL 32714	195 S. WESTMONTE DR. SUITE C ALTAMONTE SPRINGS, FL 32714

DO NOT WRITE IN THIS SPACE

03312004 No Chg-NP CR2E037 (10/03)

4. FEI Number
62-0911780

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOOPER, CLIFFORD E
195 S. WESTMONTE DR. SUITE C
ALTAMONTE SPRINGS, FL 32714

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000103532
04/05/04-80053-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	CV
NAME	HOOPER, C. DWIGHT
STREET ADDRESS	195 S. WESTMONTE DR. SUITE C
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	C
NAME	HOOPER, MOBRA
STREET ADDRESS	9800 BEAR LAKE RD.
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	P
NAME	HOOPER, CLIFFORD E
STREET ADDRESS	195 S. WESTMONTE DR. SUITE C
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	ST
NAME	HOOPER, PEGGY K
STREET ADDRESS	195 S. WESTMONTE DR. SUITE C
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
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 617, 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: Fraser K. Hooper, Sec. Jr. 4/1/04 407-302-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #