2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 287940

1. Entity Name
HOOPS AUTO SERVICE, INC.

Principal Place of Business	Mailing Address
6306 N NEBRASKA AVE. TAMPA, FL 33604 US	P. O. BOX 9374 TAMPA FLA, 33674-9374 US

01062006   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1083496	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

HOOPS, MERLE
6306 NEBRASKA AVENUE
TAMPA, FL 33604

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, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOOPS, MERLE
STREET ADDRESS	6306 NEBRASKA AVE
CITY-ST-ZIP	TAMPA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/06-80017-011 150.00

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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: *Merle Hoops* Merle L. Hoops   1/6/06   813-238-9791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #