

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602485

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: HOOPER FUNERAL HOMES, INC.

**Current Principal Place of Business:**

501 W MAIN STREET  
INVERNESS, FL 34450 US

**New Principal Place of Business:**

**Current Mailing Address:**

501 W MAIN STREET  
INVERNESS, FL 34450

**New Mailing Address:**

FEI Number: 59-1306023      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOOPER, DWIGHT L  
501 W MAIN ST.  
INVERNESS, FL 34450 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CT ( ) Delete  
Name: HOOPER, LOWELL W MR.  
Address: 501 W MAIN ST.  
City-St-Zip: INVERNESS, FL

Title: S ( ) Delete  
Name: HOOPER, RUTH B MRS.  
Address: 1220 E. LAKEVIEW DRIVE  
City-St-Zip: INVERNESS, FL

Title: P ( ) Delete  
Name: HOOPER, DWIGHT L MR.  
Address: 501 W. MAIN ST.  
City-St-Zip: INVERNESS, FL

Title: V ( ) Delete  
Name: GROSS, GARY D MR.  
Address: 8660 E. ROSEMONT CT.  
City-St-Zip: INVERNESS, FL 34450

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CT (X) Change ( ) Addition  
Name: HOOPER, LOWELL W MR.  
Address: 501 W MAIN ST.  
City-St-Zip: INVERNESS, FL 34450 US

Title: S (X) Change ( ) Addition  
Name: HOOPER, RUTH B MRS.  
Address: 1220 E. LAKEVIEW DRIVE  
City-St-Zip: INVERNESS, FL 34450 US

Title: P (X) Change ( ) Addition  
Name: HOOPER, DWIGHT L MR.  
Address: 501 W. MAIN ST.  
City-St-Zip: INVERNESS, FL 34450 US

Title: V (X) Change ( ) Addition  
Name: GROSS, GARY D MR.  
Address: 8660 E. ROSEMONT CT.  
City-St-Zip: INVERNESS, FL 34450 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DWIGHT L. HOOPER

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

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01/07/2008

\_\_\_\_\_ Date