
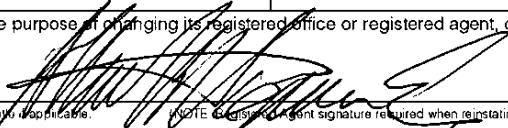



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90026 038 ***150.00

DOCUMENT # 645143 1. Entity Name HOPPER ELECTRIC SUPPLY, INC.					
Principal Place of Business 9122 EDEN AVENUE HUDSON FL 34667			Mailing Address 9122 EDEN AVENUE HUDSON FL 34667		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1939470	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOPPER, ALLEN B, SR 12006 VANDALIA DR. HUDSON FL 34667				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>HOPPER, Allen B. Sr.</u>  2/14/05 <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE TS NAME HOPPER, BETTY IRENE STREET ADDRESS 12006 VANDALIA DR. CITY-ST-ZIP HUDSON FL	<input checked="" type="checkbox"/> Delete		TITLE TS NAME JARRETT, CORRIE LEATH STREET ADDRESS 3440 W. Wild Indigo CITY-ST-ZIP Dunnellon, Fl. 34433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME HOPPER, ALLEN B, SR STREET ADDRESS 12006 VANDALIA DR. CITY-ST-ZIP HUDSON FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SUPERCZYNSKI, KATHLEEN STREET ADDRESS 6018 CURTIER DR - UNIT D CITY-ST-ZIP ALEXANDRIA VA 22310-5119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HALE, FRED STREET ADDRESS 5650 PARK BLVD, SUITE #1 CITY-ST-ZIP PINELLAS PARK FL 33781-3354	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>HOPPER, Allen B. Sr.</u> 			2/14/05 727-868-1220 <small>Date Daytime Phone #</small>		

50017113



1st MOORE CR2E034 (10/04)