

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90007 049 \*\*\*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

4000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
59-1939470

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

FL

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 when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE TS  
NAME JARRETT, CORRIE LEATH  
STREET ADDRESS 3440 W WILD INDIGO  
CITY-ST-ZIP DUNNELLON, FL 34433 ☐ Delete

TITLE PD  
NAME HOPPER, ALLEN B, SR  
STREET ADDRESS 12006 VANDALIA DR.  
CITY-ST-ZIP HUDSON, FL ☐ Delete

TITLE VP  
NAME SUPERCZYNSKI, KATHLEEN  
STREET ADDRESS 6018 CURTIER DR - UNIT D  
CITY-ST-ZIP ALEXANDRIA, VA 223105119 ☐ Delete

TITLE D  
NAME HALE, FRED  
STREET ADDRESS 5650 PARK BLVD, SUITE #1  
CITY-ST-ZIP PINELLAS PARK, FL 337813354 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE President  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Allen B Hopper Sr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLEN B HOPPER SR 1/18/08 727-868-7396

Date

Daytime Phone #