## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # G57294

1. Entity Name
DANIEL HOOPER CONSTRUCTION, INC.

Mailing Address

114 NORTHMOOR ROAD CASSELBERRY, FL 32707-3804

Principal Place of Business

114 NORTHMOOR ROAD CASSELBERRY, FL 32707-3804

## **FILED** May 04, 2006 08:00 AM Secretary of State



05032006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2324757

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

HOOPER, DANIEL B 114 NORTHMOOR ROAD CASSELBERRY, FL 32707

SIGNATURE:

## DO NOT WRITE

	,			IN	I NIS SPACE
8. The above the obligat	named entity submits this statement for the tions of registered agent.	purpose of changing its registere	ed office or r	egistered agent, or bo	oth, In the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and ti	ite if applicable. (NOTE, Registeres	d Agent signatur	e required when reinstating)	DATE
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	Election Campalgn Finan     Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR PD HOOPER, DANIEL B 114 NORTHMOOR ROAD CASSELBERRY, FL 32707	ECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOOPER, REBECCA 114 NORTHMOOR ROAD CASSELBERRY, FL 32707		U00000561710 05/19/06-80024-022 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS ,CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					