

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J02310

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** THE LAW OFFICES OF JAMES RICHARD HOOPER, A PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

815 N GARLAND AVENUE  
ORLANDO, FL 32801

**New Principal Place of Business:**

37 N. ORANGE AVENUE  
210  
ORLANDO, FL 32801

**Current Mailing Address:**

P O BOX 547757  
ORLANDO, FL 328547757

**New Mailing Address:**

**FEI Number:** 59-2643860

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STUMP, JOHN  
815 N GARLAND AVENUE  
ORLANDO, FL 32801 US

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

STUMP, JOHN  
37 N. ORANGE AVENUE  
ORLANDO, FL 32801 US

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:

04/14/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PR ( ) Delete  
Name: STUMP, JOHN  
Address: 815 N. GARLAND AVE.  
City-St-Zip: ORLANDO, FL 32801

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

Title: PR (X) Change ( ) Addition  
Name: STUMP, JOHN R  
Address: 37 N. ORANGE AVE., STE 210  
City-St-Zip: ORLANDO, FL 32801

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: JOHN R. STUMP

PR

04/14/2009

Electronic Signature of Signing Officer or Director

Date