



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90228 020 ***150.00

DOCUMENT # P00000092506 1. Entity Name LAW OFFICES OF JAMES RICHARD HOOPER NATIONAL LITIGATION, P.A.					
Principal Place of Business 815 GARLAND AVENUE ORLANDO, FL 32801		Mailing Address P.O. BOX 547747 ORLANDO, FL 32854-7757			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04272006 Chg-P CR2E034 (11/05)	
Zip Country		Zip Country		4. FEI Number 59-3678647	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOOPER, JAMES R 815 GARLAND AVENUE ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name JOHN STUMP, AS PERSONAL REP FOR THE ESTATE OF JAMES RICHARD HOOPER Street Address (P.O. Box Number is Not Acceptable) 815 N. GARLAND AVENUE City ORLANDO FL Zip Code 32801		
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  <i>AS Personal Representative for the estate of James Richard Hooper</i> 4-27-06 <small>Signature, typed or printed name of registered agent and title if applicable. (Typed or printed name of agent and title required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PD HOOPER, JAMES R 815 GARLAND AVENUE ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PERSONAL REPRESENTATIVE JOHN STUMP, ESQ. 815 N. GARLAND AVENUE ORLANDO, FL 32801
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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:  <i>John R. Stump As Personal Representative for the estate of James Richard Hooper</i> 4-27-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Daytime Phone #					