

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000131110

1. Entity Name  
HOOPER SERVICES, INC.



Principal Place of Business

10105 W OHIO DRIVE  
CRYSTAL RIVER, FL 34428

Mailing Address

10105 W OHIO DRIVE  
CRYSTAL RIVER, FL 34428



04212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
05-0590953

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HOOPER, BRYAN  
10105 W OHIO DRIVE  
CRYSTAL RIVER, FL 34428

**DO NOT WRITE  
IN THIS SPACE**

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]*  
Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-28-08*

**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

U00000942452  
05/29/08-80018-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HOOPER, BRYAN J
STREET ADDRESS	10105 W OHIO DRIVE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	D
NAME	HOOPER, ANNEMARIE J
STREET ADDRESS	10105 W OHIO DRIVE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	T
NAME	WILLIAMSON, HENRY
STREET ADDRESS	275 S. ROCK CRUSHER ROAD
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	S
NAME	HENDERSON, LEE
STREET ADDRESS	10105 W OHIO DRIVE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-28-08*

Daytime Phone #