2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/5/2005-90114-041-$150.00-$150.00

FILED
05 JUL 25 AM 10: 47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06292005 Chg-P CR2E034 (10/03)

DOCUMENT # P94000077430

1. Entity Name
HOOPER CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
428 N ANDREWS AVE. #2 FORT LAUDERDALE, FL 33301	428 N ANDREWS AVE. #2 FORT LAUDERDALE, FL 33301

2. Principal Place of Business		3. Mailing Address	
425 N Andrews Avenue		425 N Andrews Avenue	
Suite, Apt. #, etc.: #2		Suite, Apt. #, etc.: #2	
City & State: Fort Lauderdale, FLORIDA		City & State: Fort Lauderdale, FLORIDA	
Zip: 33301	Country: USA	Zip: 33301	Country: USA

4. FEI Number: 65-0529986 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
~~MORAITIS, GEORGE R~~
915 MIDDLE RIVER DR
SUITE 506
FT LAUDERDALE, FL 33304

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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $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. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOPER, ALAN C 425 N ANDREWS AVE., #2 FORT LAUDERDALE, FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

DB 8/2

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Alan C Hooper 6-30-04 954-761-8439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #