## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED DOCUMENT # P95000092775** Apr 02, 2004 08:00 AM Secretary of State C. VANCE HOOPER ENTERPRISES, INC. Mailing Address Principal Place of Business 1814 SE EOLA DR 1814 SE EOLA DR ORLANDO, FL 32806 ORLANDO, FL 32806 No Chg-P GR2E034 (10/03) 01042004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3345437 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HOOPER, C. VANCE DO NOT WRITE 1814 S EOLA DR ORLANDO, FL 32806-4010 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulated when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000101778 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U4/U2/U4-80027-012 150.80 10. OFFICERS AND DIRECTORS DTS THE HOOPER, C. VANCE NAME STREET ADDRESS 1814 S EOLA DR DITY-57-78 ORLANDO, FL 32806 BILE STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIBLE STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZEP NEAR STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath; 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 life empowered.

SIGNING OFFICER OR DIRECTOR

SIGNATURE: