

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000059693

FILED  
Feb 03, 2008  
Secretary of State

Entity Name: GEORGE F. HOPKINS, INC.

**Current Principal Place of Business:**

101 NORTH US HWY 1  
SUITE 122  
FORT PIERCE, FL 34950 US

**New Principal Place of Business:**

**Current Mailing Address:**

101 NORTH US HWY 1  
SUITE 122  
FORT PIERCE, FL 34950 US

**New Mailing Address:**

FEI Number: 01-0837037      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LOOMAR, L. GREGORY ESQ  
1152 N UNIVERSITY DRIVE STE 201  
PEMBROKE PINES, FL 33024 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOPKINS, GEORGE F  
Address: 101 NORTH US HWY 1, SUITE 122  
City-St-Zip: FORT PIERCE, FL 34950

Title: VPD ( ) Delete  
Name: FLAHERTY, DAVID  
Address: 101 NORTH US HWY 1, SUITE 122  
City-St-Zip: FORT PIERCE, FL 34950

Title: VPD (X) Delete  
Name: HOPKINS, MARIA P  
Address: 101 NORTH US HWY 1, SUITE 122  
City-St-Zip: FORT PIERCE, FL 34950

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GEORGE HOPKINS

PD

02/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date