## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000059693

Entity Name: GEORGE F. HOPKINS, INC.

FILED Aug 05, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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101 NORTH US HWY 1 101 NORTH US HWY 1

SUITE 122 SUITE 120

FORT PIERCE, FL 34950 US FORT PIERCE, FL 34950 US

Current Mailing Address: New Mailing Address:

101 NORTH US HWY 1 101 NORTH US HWY 1

SUITE 122 SUITE 120 FORT PIERCE, FL 34950 US FORT PIERCE, FL 34950

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

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

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: HOPKINS, GEORGE F Name: HOPKINS, GEORGE F

Address: 101 NORTH US HWY 1, SUITE 122 Address: 101 NORTH US HWY 1, SUITE 120

City-St-Zip: FORT PIERCE, FL 34950 City-St-Zip: FORT PIERCE, FL 34950

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

Name: FLAHERTY, DAVID Name: FLAHERTY, DAVID

 Address:
 101 NORTH US HWY 1, SUITE 122
 Address:
 101 NORTH US HWY 1, SUITE 120

 City-St-Zip:
 FORT PIERCE, FL 34950
 City-St-Zip:
 FORT PIERCE, FL 34950

Title: ( ) Delete Title: VPD ( ) Change (X) Addition

Name: Name: GRIZZELL, WILLIAM

 Address:
 Address:
 101 NORTH US HWY 1, SUITE 120

 City-St-Zip:
 City-St-Zip:
 FORT PIERCE, FL 34950

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 08/05/2009