

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000107673

Entity Name: R & S HOPPE & FAMILY, INC.

FILED  
Mar 17, 2009  
Secretary of State

## Current Principal Place of Business:

3820 5TH AVENUE N.W.  
NAPLES, FL 34120

## New Principal Place of Business:

3790 5TH AVENUE N.W.  
NAPLES, FL 34120

## Current Mailing Address:

3820 5TH AVENUE N.W.  
NAPLES, FL 34120

## New Mailing Address:

3790 5TH AVENUE N.W.  
NAPLES, FL 34120

FEI Number: 59-3549598

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOPPE, SAMUEL L  
3820 5TH AVENUE N.W.  
NAPLES, FL 34120 US

## Name and Address of New Registered Agent:

HOPPE, SAMUEL L  
3790 5TH AVENUE N.W.  
NAPLES, FL 34120 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: SAMUEL L. HOPPE

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HOPPE, SAMUEL L  
Address: 3820 5TH AVENUE N.W.  
City-St-Zip: NAPLES, FL 34120

Title: T ( ) Delete  
Name: HOPPE, RALPH R  
Address: 648 106TH AVE. N.  
City-St-Zip: NAPLES, FL 34108

Title: S ( ) Delete  
Name: HOPPE, RUTH M  
Address: 648 106TH AVE. N.  
City-St-Zip: NAPLES, FL 34108

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HOPPE, SAMUEL L  
Address: 3790 5TH AVENUE N.W.  
City-St-Zip: NAPLES, FL 34120

Title: T (X) Change ( ) Addition  
Name: HOPPE, RALPH R  
Address: 3820 5TH AVENUE N.W.  
City-St-Zip: NAPLES, FL 34120

Title: S (X) Change ( ) Addition  
Name: HOPPE, RUTH M  
Address: 3820 5TH AVENUE N.W.  
City-St-Zip: NAPLES, FL 34120

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: SAMUEL L. HOPPE

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date