

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000070538**

1. Entity Name  
**GENEVA INVESTMENT PROPERTIES, INC.**



Principal Place of Business

**6401 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32810**

Mailing Address

**6401 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32810**



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3598915**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PYLE, FRANK J JR.  
340 NORTH ORANGE AVENUE  
SUITE E  
ORLANDO, FL 32801**

**DO NOT WRITE  
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 required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HOPKINS, INGEBORG
STREET ADDRESS	2765 DOWMAN DR
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	VP
NAME	HOPKINS, RALPH
STREET ADDRESS	2765 DOWMAN DR
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	ST
NAME	HOPKINS, DAN
STREET ADDRESS	7357 WOODKNOT CT
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	D
NAME	HOPKINS, KURT
STREET ADDRESS	1424 WOODFIELD OAKS DR
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/08/08-80018-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 line empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-08 407-293-2877