

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S05862

**FILED**  
**Feb 20, 2011**  
**Secretary of State**

**Entity Name:** HOPKINS COMPUTER SERVICES, INC.

**Current Principal Place of Business:**

820 NW 49TH WAY  
COCONUT CREEK, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

820 NW 49TH WAY  
COCONUT CREEK, FL 33063

**New Mailing Address:**

**FEI Number:** 65-0222210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOPKINS, ROBERT A., SR.  
820 NW 49 WAY  
COCONUT CREEK, FL 33063 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HOPKINS, ROBERT A., SR.  
Address: 820 NW 49 WAY  
City-St-Zip: COCONUT CREEK, FL 33063

Title: D  
Name: HOPKINS, ANITA P.  
Address: 820 NW 49 WAY  
City-St-Zip: COCONUT CREEK, FL 33063

I hereby 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 all other like empowered.

SIGNATURE: ANITA HOPKINS

OWNE

02/20/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date