


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90033 043 ***150.00

DOCUMENT # F41344
 1. Entity Name
HAWKHIRST ENTERPRISES, INC.



Principal Place of Business
**C/O BARBARA COOK
 3312 B 38TH STREET SOUTH
 SAINT PETERSBURG FL 33711
 US**

Mailing Address
~~90 WELCOMES ROAD~~
**KENLEY
 KENLEY, SURREY, UK 06576-21**

9401500



MOORE CR2E034 (11/03)

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
1 LOVELOCK CLOSE
 Suite, Apt. #, etc.
KENLEY
 City & State
SURREY
 Zip
CR8 5HL Country
U.K.

4. FEI Number **59-2214213** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**COOK, BARBARA B.
 3312 B 38TH STREET SOUTH
 ST. PETERSBURG FL 33711**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COX, CAROLYN MOLLY	
STREET ADDRESS	1 LOVELOCK CLOSE	
CITY-ST-ZIP	KENLEY SURREY UK cr8- she	
TITLE	D	<input type="checkbox"/> Delete
NAME	COX, JOHN ALAN	
STREET ADDRESS	1 LOVELOCK CLOSE	
CITY-ST-ZIP	KENLEY SURREY UK cr8- she	
TITLE	S	<input type="checkbox"/> Delete
NAME	MAY, DEBORAH	
STREET ADDRESS	90 WELCOMES ROAD	
CITY-ST-ZIP	KENLEY SURREY UK cr8- she	
TITLE	P	<input type="checkbox"/> Delete
NAME	COX, STEPHEN	
STREET ADDRESS	90 WELCOMES ROAD	
CITY-ST-ZIP	KENLEY SURREY UK cr8- she	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACHUCH, JULIE	
STREET ADDRESS	MURLINGDENE PARK LEY RD	
CITY-ST-ZIP	WOLDINGHAM, SURREY, UK	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENKINS, SARAH	
STREET ADDRESS	32 ST MARY'S RD	
CITY-ST-ZIP	REIGATE, SURREY, UK	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered

SIGNATURE:  **J.A. COX** **2/2/04** **44 208 6606410**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #