

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001190

FILED
Mar 28, 2006
Secretary of State

Entity Name: HAWKINS ENVIRONMENTAL ENGINEERING, INC.

Current Principal Place of Business:

10226 IDLEWILD LANE
HIGHLAND, IN 463223540

New Principal Place of Business:

Current Mailing Address:

10226 IDLEWILD LANE
HIGHLAND, IN 463223540

New Mailing Address:

FEI Number: 35-1872932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRUECKEBERG, JOHN H ESQ
KRUECKEBERG & LICCIARDI LAW OFFICES
4081 TAMiami TR N #C-105
NAPLES, FL 33940 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCPT () Delete
Name: HAWKINS, AUGUST E
Address: 10226 IDLEWILD LANE
City-St-Zip: HIGHLAND, IN 463223540

Title: DCVS () Delete
Name: HAWKINS, PATSY T
Address: 10266 IDLEWILD LANE
City-St-Zip: HIGHLAND, IN 463223540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: AUGUST E. HAWKINS

DCPT

03/28/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date