2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003817

Name:

Address:

City-St-Zip:

BERKEZCHUK, MIKE

18537 AVOCET DR.

LUTZ, FL 33558

Entity Name: HAWKS HOCKEY CLUB, INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9525 AQUA LN ODESSA, FL 33556 **Current Mailing Address: New Mailing Address:** 9525 AQUA LN ODESSA, FL 33556 FEI Number: 59-3724151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCAUGHERTY, JOHN B JR. 9525 AQUA LN ODESSA, FL 33556 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MCCAUGHERTY, JOHN B JR. Name: Name: Address: 9525 AQUA LN Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: MCKINNON, KEN Name: Address: 18135 CRAWLEY RD Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: Title: () Delete Title: () Change () Addition MCCAUGHERTY, LAURI Name: Name: Address: 9525 AQUA LN Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: Title: VD () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN B MCCAUGHERTY JR. PD 04/29/2004