

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000064087

**FILED**  
**Aug 31, 2011**  
**Secretary of State**

**Entity Name:** CHRIS HAWKINS CREATIONS INC.

**Current Principal Place of Business:**

5521 S RIDGEWOOD AVENUE  
UNIT 5  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

5521 RIDGEWOOD AVENUE  
UNIT 5  
PORT ORANGE, FL 32127 US

**Current Mailing Address:**

5521 S RIDGEWOOD AVENUE  
UNIT 5  
PORT ORANGE, FL 32127 US

**New Mailing Address:**

5889 S WILLIAMSON BLVD  
SUITE 1401  
PORT ORANGE, FL 32127

**FEI Number:** 27-3140484

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAWKINS, JENNIE  
5889 S WILLIAMSON BLVD  
SUITE 1401  
PORT ORANGE, FL 32128 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:** DST  
**Name:** HAWKINS, JENNIE  
**Address:** 5889 S WILLIAMSON BLVD SUITE 1401  
**City-St-Zip:** PORT ORANGE, FL 32128 US

**Title:** P  
**Name:** HAWKINS, CHRIS  
**Address:** 5521 S RIDGEWOOD AVENUE UNIT 5  
**City-St-Zip:** PORT ORANGE, FL 32127 US

**Title:** VP  
**Name:** HAWKINS, SCOTT  
**Address:** 5951 PEGGY BARROW DRIVE  
**City-St-Zip:** PORT ORANGE, FL 32127 US

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: JENNIE HAWKINS

DST

08/31/2011

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

\_\_\_\_\_  
Date