

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90148 039 \*\*\*150.00

**DOCUMENT # 415984**

1. Entity Name  
**EXHAUST SYSTEM SERVICES, INC.**



Principal Place of Business  
**3704 W. BLOUNT STREET  
PENSACOLA, FL 32506**

Mailing Address  
**P.O. BOX 18225  
PENSACOLA, FL 32523 US**

40060100



04042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1462183**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HAWK, CHARLES W**  
**2780 HAWK LANE**  
**CANTONMENT, FL 32533**  
*HAWK CHARLES W*  
*1400 River Rd*  
*Pensacola Fla 32507*

**DO NOT WRITE  
IN THIS SPACE**

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 *Charles W. Hawk* **4-14-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HAWK, CHARLES
STREET ADDRESS	2780 HAWK LANE
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	STD
NAME	HAWK, GAYE O
STREET ADDRESS	2780 HAWK LANE
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	HAWK CHARLES
NAME	14100 RIVER RD
STREET ADDRESS	PENSACOLA FLA 32507
CITY-ST-ZIP	
TITLE	HAWK GAYE O
NAME	14100 RIVER RD
STREET ADDRESS	PENSACOLA FLA 32507
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 life empowered.

SIGNATURE: *Charles W. Hawk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-14-06 850-554-7145**  
Date Daytime Phone #