

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 499732

1. Entity Name
HAWKINS REALTY, INC.



Principal Place of Business

1909 N. COCOA BLVD.
COCOA, FL 32922

Mailing Address

1909 N. COCOA BLVD.
COCOA, FL 32922

FILED
Jul 09, 2008 08:00 AM
Secretary of State



07032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1657456

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, CHARLES D.
1909 N. COCOA BLVD.
COCOA, FL 32922

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000953744
07/09/08-80003-023 550.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAWKINS, CHARLES D.
STREET ADDRESS	1909 N. COCOA BLVD.
CITY-ST-ZIP	COCOA FL,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 like empowered.

SIGNATURE:

Charles D. Hawkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 3 08 321-631-0000

Date

Daytime Phone #