

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90032 015 ***150.00

DOCUMENT # 628829

1. Entity Name
SEGNO-HAWKINS, INCORPORATED



Principal Place of Business

Mailing Address

~~% JOHN SEGNO~~
5400 NORTH OCEAN DR.
HOLLYWOOD, FL 33019-4404

~~% JOHN SEGNO~~
5400 NORTH OCEAN DR.
HOLLYWOOD, FL 33019-4404



03302008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

% Kenneth Hawkins
Suite, Apt. #, etc.
5398 North Ocean Drive
City & State
Hollywood, FL
Zip
33019-4401 Country
Broward

% M.H. Baillie & Assoc., Inc.
Suite, Apt. #, etc.
1500 NE 51 Street
City & State
Fort Lauderdale, FL
Zip
33334-5710 Country
Broward

4. FEI Number

59-1923062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEGNO, JOHN
5400 NORTH OCEAN DR.
HOLLYWOOD, FL 33020

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SEGNO, JOHN
5400 N. OCEAN DR.,
HOLLYWOOD, FL 33020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HAWKINS, KENNETH
5400 N. OCEAN DR.
HOLLYWOOD, FL 33020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 *Kenneth Hawkins* Kenneth Hawkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08

954-923-2109

Date

Daytime Phone #