

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000006783

1. Entity Name  
HAWK INSTALLATION & CONSTRUCTION, INC.



FILED

07 DEC 26 PM 5:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

EAST CR 1410  
BOGATA, TX 75417

Mailing Address

PO BOX 129  
BOGATA, TX 75417



DO NOT WRITE IN THIS SPACE

RESTATEMENT 2007  
07/22/07 No Chg-Paid CR2E034 (11/05)

4. FEI Number  
75-2389089

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BUSINESS SUPPORT, INC.  
417 STOWE AVE STE 2  
ORANGE PARK, FL 32073

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

*John B. Co*

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

(NOTE: Registered Agent signature required when reinstating)

11-5-07

DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME HAWKINS, STEVEN  
STREET ADDRESS PO BOX 129  
CITY-ST-ZIP BOGATA, TX 75417

TITLE VP  
NAME HAWKINS, KATHY  
STREET ADDRESS PO BOX 129  
CITY-ST-ZIP BOGATA, TX 75417

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

900109825299  
12/26/07--01004--010 \*\*600.00

900109825299  
09/24/07--01047--005 \*\*150.00

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:

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

9/14/07

Date

903-632-4464

Daytime Phone #