

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000005906

1. Entity Name
HAWKSOFT, INC.



Principal Place of Business
**22781 AIRPORT ROAD N.E.
AURORA, OR 97002**

Mailing Address
**22781 AIRPORT ROAD N.E.
AURORA, OR 97002**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
91-1774691

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PHILLIPS, GLEN D
61 GREENFIELD COURT
WINTER HAVEN, FL 33884**

**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
0000000916153

02/14/08-80037-023 150.00

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWKINS, PAUL CEO 1105 S PINE STREET CANBY, OR 97013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANSEN, JASON 395 S PEPPERWOOD DRIVE CANBY, OR 97013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OLSON, DAVID 10931 MARTIN LANE NE AURORA, OR 97002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAWKINS, SEAN 20050 S HOMESTEAD DRIVE OREGON CITY, OR 97045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHILLIPS, JAMES 35466 S FIRWOOD LANE MOLLALLA, OR 97038
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Olson
David Olson

1/8/08

503-266-4680