

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F80799

FILED
Apr 28, 2009
Secretary of State

Entity Name: H. K. W. ENTERPRISES, INC.

Current Principal Place of Business:

4707 NW 53RD AVE
SUITE A
GAINESVILLE, FL 32606 US

New Principal Place of Business:

4707 NW 53RD AVE
SUITE A
GAINESVILLE, FL 32653 US

Current Mailing Address:

4707 NW 53RD AVE
SUITE A
GAINESVILLE, FL 32606 US

New Mailing Address:

4707 NW 53RD AVE
SUITE A
GAINESVILLE, FL 32653 US

FEI Number: 59-2238037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, HOWARD K., JR.
2710 NW 105 DRIVE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

WALLACE, HOWARD K., JR.
8021 N.E. 221 STREET
MELROSE, FL 32666 US

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.

SIGNATURE:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALLACE, HOWARD K., JR.
Address: 2710 N.W. 105 DRIVE
City-St-Zip: GAINESVILLE, FL 32606

Title: VSTD () Delete
Name: WALLACE, ANNE M.
Address: 2710 N.W. 105 DRIVE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALLACE, HOWARD K., JR.
Address: 4707 N.W. 53RD AVENUE, SUITE A
City-St-Zip: GAINESVILLE, FL 32653

Title: VSTD (X) Change () Addition
Name: WALLACE, ANNE M.
Address: 4707 N.W. 53RD AVENUE, SUITE A
City-St-Zip: GAINESVILLE, FL 32653

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE M. WALLACE

VP

04/28/2009

Electronic Signature of Signing Officer or Director

Date