2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90345 030 ***150.00

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03292004 Chg-P CR2E034 (10/03)

DOCUMENT # F93000002336

1. Entity Name
HAWKINS EXPORTS SERVICES, INC.

Principal Place of Business	Mailing Address
2502 SW NATIONAL CIRCLE PORT SAINT LUCIE, FL 34953 US	2502 SW NATIONAL CIRCLE PORT SAINT LUCIE, FL 34953 US

2. Principal Place of Business	3. Mailing Address
2531 SW CALENDER ST.	2531 SW CALENDER ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST. LUCIE FL	City & State: PORT ST. LUCIE FL
Zip: 34953 Country:	Zip: 34953 Country:

4. FEI Number: 56-1777094 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PENCE, EUGENE
2502 SW NATIONAL CIRCLE
PORT SAINT LUCIE, FL 34953

7. Name and Address of New Registered Agent

Name: PENCE, EUGENIE
Street Address (P.O. Box Number is Not Acceptable): 2531 SW CALENDER ST
City: PORT ST LUCIE FL Zip Code: 34953

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: Eugenie J Pence 4-16-04
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, 2004 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	PST PENCE, EUGENE 2502 SW NATIONAL CIRCLE PORT SAINT LUCIE, FL 34953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PENCE, EUGENIE 2531 SW CALENDER ST. PORT ST. LUCIE, FL 34953	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Eugenie J Pence EUGENIE J. PENCE 4-16-04 954-675-0679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #