


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 13, 2006 8:00 am
Secretary of State

05-08-2006 90290 011 ***150.00

DOCUMENT # F98000001690 1. Entity Name HAWKHEAD FRICTION, INC.					
Principal Place of Business 200 INDUSTRIAL LOOP #158 ORANGE PARK FL 32073			Mailing Address 200 INDUSTRIAL LOOP #158 ORANGE PARK FL 32073		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 38-1738414 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent ROSS, RUSSELL 200 INDUSTRIAL LOOP #158 ORANGE PARK FL 32073				7. Name and Address of New Registered Agent Name ROSS, Cheryl B Street Address (P.O. Box Number is Not Acceptable) 200 Industrial Loop #158 City Orange Park FL Zip Code 32073	
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 <i>Cheryl B. Ross</i> DATE 4-28-06 <small>(NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVC ROSS, RUSSELL 200 INDUSTRIAL LOOP #158 ORANGE PARK FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DYKSTRA, JOHN O 4201 NORTH OCEAN BOULEVARD BOCA RATON FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD ROSS, CHERYL 200 INDUSTRIAL LOOP #158 ORANGE PARK FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Cheryl B. Ross</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6-12-06 904-264-4295 <small>Date Daytime Phone #</small>		

CHERYL B. ROSS