

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001690

Entity Name: HAWKHEAD FRICTION, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

200 INDUSTRIAL LOOP #158
ORANGE PARK, FL 32073

New Principal Place of Business:

192-B INDUSTRIAL LOOP
ORANGE PARK, FL 32073

Current Mailing Address:

200 INDUSTRIAL LOOP #158
ORANGE PARK, FL 32073

New Mailing Address:

192-B INDUSTRIAL LOOP
ORANGE PARK, FL 32073

FEI Number: 38-1738414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, CHERYLL B
200 INDUSTRIAL LOOP #158
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

ROSS, CHERYLL B
192-B INDUSTRIAL LOOP
ORANGE PARK, FL 32073 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: CHERYLL B. ROSS

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: DYKSTRA, JOHN O
Address: 4201 NORTH OCEAN BOULEVARD
City-St-Zip: BOCA RATON, FL 33431

Title: PTSD () Delete
Name: ROSS, CHERYLL
Address: 200 INDUSTRIAL LOOP #158
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: DYKSTRA, JOHN O
Address: 4600 MIDDLETON PARK CIRCLE EAST APT A523
City-St-Zip: JACKSONVILLE, FL 32224

Title: PTSD (X) Change () Addition
Name: ROSS, CHERYLL
Address: 192-B INDUSTRIAL LOOP
City-St-Zip: ORANGE PARK, FL 32073

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: CHERYLL B. ROSS

PTSD

04/21/2009

Electronic Signature of Signing Officer or Director

Date