2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 29, 2008 8:00 am
Secretary of State
05-29-2008 90197 050 ***150.00

DOCUMENT # G54388

1. Entity Name
HAWKHEAD INTERNATIONAL INC.

Principal Place of Business	Mailing Address
HAWKHEAD INTERNATIONAL INC 200 INDUSTRIAL LOOP SUITE 1 ORANGE PARK FL 32073	HAWKHEAD INTERNATIONAL INC 200 INDUSTRIAL LOOP SUITE 1 ORANGE PARK FL 32073

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	192-B Industrial Loop
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Orange Park FL
Zip / Country	Zip: 32073 / Country

4. FEI Number 59-2319061 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSS, CHERYLL B 200 INDUSTRIAL LOOP STE 158 ORANGE PARK FL 32073	Name: Ross, Cheryll B Street Address (P.O. Box Number is Not Acceptable): 192-B Industrial Loop 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 ______________________
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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	P	☐ Delete	TITLE	PTSD	☒ Change ☐ Addition
NAME	ROSS, CHERYLL		NAME	Ross, Cheryll	
STREET ADDRESS	200 INDUSTRIAL LOOP, STE 158		STREET ADDRESS	192-B Industrial Loop	
CITY-ST-ZIP	ORANGE PARK FL 32073		CITY-ST-ZIP	Orange Park FL 32073	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

CHERYLL B. ROSS

SIGNATURE: Cheryll B Ross 4-30-08 904-264-4295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #