

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # G81002

1. Entity Name
BULL'S-EYE PAWN AND GUN, INC.



Principal Place of Business
**349 S. MAIN STREET
BELLE GLADE, FL 33430 US**

Mailing Address
**349 S. MAIN STREET
BELLE GLADE, FL 33430 US**

DO NOT WRITE IN THIS SPACE



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2364565

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JEFFREY P. HAWKINS
349 S. MAIN STREET
BELLE GLADE, FL 33430**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP HAWKINS, JEFFREY P. 200 N.E 2ND ST. BELLE GLADE, FL 33430 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT HAWKINS, TERRI P 200 NE 2ND STREET BELLE GLADE, FL 33430 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS HAWKINS, JEFFREY P II, 200 NE 2ND STREET BELLE GLADE, FL 33430 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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05/24/07-80022-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFF HAWKINS

Date

Daytime Phone #

4/30/07 (361) 946-0411