## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # H23637**

1. Entity Name

HAWKINS AUTO WRECKING CO., INC.



**FILED** Jan 17, 2007 08:00 AM Secretary of State

CD2E024 (44/05)

Principal Place of Business

510 E. 23RD STREET PANAMA CITY, FL 32405 Mailing Address

510 E. 23RD STREET PANAMA CITY, FL 32405



## DO NOT WRITE IN THIS SPACE

01122007 110 Ong-7	01440	or (11/00)
4. FEI Number		Applied For
59-2445394		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required

6.	Name	and Address	of Current Registe	red Agent

HAWKINS, FRANKIE G. 510 E 23RD STREET PANAMA CITY, FL 32405-2308

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its regis	tered office or r	egistered agent, or bo	oth, in the State of Florida. I am famillar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE; Regis	tered Agent signature	e required when reinstating)	DATE	
FiL After Ma	E NOWII! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fit Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		·····		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAWKINS, FRANKIE G. 510 E. 23RD ST. PANAMA CITY, FL			U00000587872		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAWKINS, ALLAN 2104 WILSON AVENUE PANAMA CITY, FL 32405				01/17/07-80058-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

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: Lamber Williams Franking MawKins /-12-vg \$50 - 785-1403