


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J02403</b>	
1. Entity Name TOMMY HAWKINS & SONS, INC. PAVING CONTRACTORS	

Principal Place of Business TOMMY HAWKINS & SONS 909 BARREL AVE FT. PIERCE, FL 34982 US	Mailing Address % TOMMY HAWKINS 909 BARREL AVE FT. PIERCE, FL 34982 US
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2648425	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  HAWKINS, TOMMY 4665 SOUTH 25TH ST. FT. PIERCE, FL 33450
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAWKINS, TOMMY 4665 S 25TH ST. FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HAWKINS, ROSALIE 4665 S 25TH ST FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BUCHMEYER, STEVEN M. 20908 GLADES CUT OFF FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BUCHMEYER, RONALD J. 20910 GLADES CUT OFF FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/10/05-80069-012 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Rosalie Hawkins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>1-7-05</u>	Daytime Phone #: <u>7724647587</u>
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