2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J02403

1. Entity Name
TOMMY HAWKINS & SONS, INC. PAVING
CONTRACTORS

Principal Place of Business	Mailing Address
TOMMY HAWKINS & SONS 909 BARREL AVE FT. PIERCE, FL 34982 US	% TOMMY HAWKINS 909 BARREL AVE FT. PIERCE, FL 34982 US

01062006   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-2648425	Applied For
	Not Applicable

5. Certificate of Status Desired $8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 _____   DATE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	HAWKINS, TOMMY
STREET ADDRESS	4665 S 25TH ST.
CITY-ST-ZIP	FT PIERCE, FL
TITLE	ST
NAME	HAWKINS, ROSALIE
STREET ADDRESS	4665 S 25TH ST
CITY-ST-ZIP	FT PIERCE, FL
TITLE	V
NAME	BUCHMEYER, STEVEN M.
STREET ADDRESS	20908 GLADES CUT OFF
CITY-ST-ZIP	FT PIERCE, FL
TITLE	V
NAME	BUCHMEYER, RONALD J.
STREET ADDRESS	20910 GLADES CUT OFF
CITY-ST-ZIP	FT PIERCE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Rosalie Hawkins_   Rosalie Hawkins   1-5-06   7724647580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #