2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J02403

FILED Jan 03, 2007 Secretary of State

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

Current P	rincipal Place	of Business:	New Principal		iless.
ТОММҮ Н	IAWKINS & SO	NS			
909 BARR FT PIERC	REL AVE DE. FL 34982	US			
	,		Navy Balling A	44	
Current IV	lailing Addres	S:	New Mailing A	aaress:	
909 BARF	/ HAWKINS REL AVE DE, FL 34982	US	TOMMY HAWI 909 BARREL A FT. PIERCE, FI	\VE	r
FEI Number	: 59-2648425	FEI Number Applied For ()	FEI Number Not Applicable	e () Certi	ificate of Status Desired (X)
Name and	d Address of C	urrent Registered Agent:	Name and Add	Iress of New F	Registered Agent:
HAWKINS	S, TOMMY		HAWKINS, TO	MMY	
	TH 25TH ST. DE, FL 33450	US	4665 SOUTH 2 FT. PIERCE, FI		
The above	named entity s	submits this statement for the	purpose of changing its re	gistered office o	or registered agent, or bo
n the State	e of Florida.	domino uno otatement for the		_	
				.	01/03/2007
	e of Florida. ´ RE: <u>TOMMY H</u>				01/03/2007 Date
SIGNATU	e of Florida. ´ RE: TOMMY F Electron	HAWKINS			
SIGNATUI	e of Florida. ´ RE: TOMMY F Electron	HAWKINS ic Signature of Registered Ag	ent		
Election Car OFFICER Title: Name: Address:	e of Florida. RE: TOMMY F Electron mpaign Financing S AND DIRECT	HAWKINS ic Signature of Registered Ag Trust Fund Contribution (). TORS: Delete IMY,	ent	HANGES TO C	Date
Election Cal OFFICER Fitle: Name: Address: City-St-Zip:	e of Florida. RE: TOMMY F Electron mpaign Financing S AND DIRECT P () HAWKINS, TOM 4665 S 25TH ST FT PIERCE, FL	HAWKINS ic Signature of Registered Ag Trust Fund Contribution (). TORS: Delete IMY,	ent ADDITIONS/CI Title: Name: Address:	H ANGES TO C ()Chang	Date PFFICERS AND DIRECT
Election Car DFFICER Fitle: Name: Address: City-St-Zip: Fitle: Name:	e of Florida. RE: TOMMY Falectron mpaign Financing S AND DIRECT P () HAWKINS, TOM 4665 S 25TH ST FT PIERCE, FL ST () HAWKINS, ROS	HAWKINS ic Signature of Registered Ag g Trust Fund Contribution (). TORS: Delete MMY, T. Delete CALIE,	ADDITIONS/C Title: Name: Address: City-St-Zip: Title: Name:	H ANGES TO C ()Chang	Date OFFICERS AND DIRECT ge () Addition
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I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY HAWKINS P 01/03/2007