


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # J02403**

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



Principal Place of Business <b>TOMMY HAWKINS &amp; SONS</b> <b>909 BARREL AVE</b> <b>FT. PIERCE, FL 34982 US</b>	Mailing Address <b>TOMMY HAWKINS</b> <b>909 BARREL AVE</b> <b>FT. PIERCE, FL 34982 US</b>
---------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2648425</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HAWKINS, TOMMY**  
**4665 SOUTH 25TH ST.**  
**FT. PIERCE, FL 34981**

**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 \_\_\_\_\_ 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, 2008 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	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	

U00000778133  
 01/10/08-80035-018 158.75

**DO NOT WRITE 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: *Tommy Hawkins* *Rosalie Hawkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #