

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K90497

FILED
Jun 30, 2004
Secretary of State

Entity Name: HAWKEYE ROOFING, INC.

Current Principal Place of Business:

343 SHARWOOD DRIVE
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 110008
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 65-0123187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENNESS, CINDEE P ESQ
343 SHARWOOD DR
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

JENNESS, CINDEE M ESQ
343 SHARWOOD DR
NAPLES, FL 34110 US

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.

SIGNATURE: CINDEE M JENNESS

06/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JENNESS, LEROY A
Address: P.O. BOX 110008
City-St-Zip: NAPLES, FL 34108

Title: VP () Delete
Name: JENNESS, EDUNDO
Address: P.O. BOX 110008
City-St-Zip: NAPLES, FL 34108

Title: VP () Delete
Name: HINOJOSO, MARIO
Address: P.O. BOX 110008
City-St-Zip: NAPLES, FL 34108

Title: S () Delete
Name: JENNESS, CYNTHIA
Address: P.O. BOX 110008
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CINDEE M JENNESS

SEC

06/30/2004

Electronic Signature of Signing Officer or Director

Date