


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90041 050 ****70.00


DOCUMENT # N00000004590
1. Entity Name
HAWKINS HOMES, INC.



Principal Place of Business: **927 N.W. 6TH ST. POMPANO BEACH FL 33060**
Mailing Address: **927 N.W. 6TH ST. POMPANO BEACH FL 33060**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
Zip: _____ Country: _____


MOORE CR2E037 (11/03)
4. FEI Number: **65-1045273**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ELLINGTON, CHARLES SR.
137 N.W. 15TH STREET
POMPANO BEACH FL 33060-5434

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

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 \$61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MOORE, DAWN M	
STREET ADDRESS	8550 N.W. 49 ST.	
CITY-ST-ZIP	LANDERHILL FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME	ELLINGTON, CHARLES M	
STREET ADDRESS	137 N.W. 15TH ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ELLINGTON, JULIUS	
STREET ADDRESS	8550 N.W. 49 ST.	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE	CT	<input type="checkbox"/> Delete
NAME	ELLINGTON, CHARLES SR.	
STREET ADDRESS	137 N.W. 15TH ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33060-5434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy D. Brown	
STREET ADDRESS	3005 Lamirage DR.	
CITY-ST-ZIP	Lauderhill Fl. 33319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNETHA ROBINSON	
STREET ADDRESS	701 NW 20th St.	
CITY-ST-ZIP	POMPANO BEACH, FLORIDA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: *Charles Ellington Sr.* **Feb. 10, 2004 (904) 781-8537**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #