


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P0000031756  
1. Entity Name  
FLEET HAWK, INCORPORATED



Principal Place of Business      Mailing Address  
5325 140TH AVENUE NORTH      5325 140TH AVENUE NORTH  
CLEARWATER, FL 33760      CLEARWATER, FL 33760

**DO NOT WRITE IN THIS SPACE**



04222005      No Chg-P      CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent  
  
DODD, WILLIAM A JR.  
2707 FOXFIRE COURT  
CLEARWATER, FL 33761

**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, 2005 Fee will be \$550.00**

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

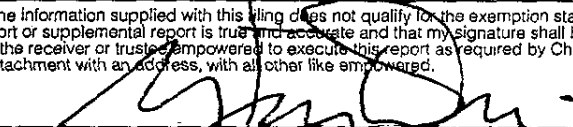
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DODD, WILLIAM A JR.
STREET ADDRESS	5325 140TH AVENUE NORTH
CITY - ST - ZIP	CLEARWATER, FL 33760
TITLE	D
NAME	SOUCHAR, MIKE
STREET ADDRESS	79 PELICAN PLACE
CITY - ST - ZIP	BELLAIR, FL 33756
TITLE	D
NAME	DODD, LAURIN K
STREET ADDRESS	P.O. BOX 17820
CITY - ST - ZIP	DUNEDIN, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000357649  
05/04/05-80083-001 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:       4-26-05      727-536-0416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #