2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000031756

1. Entity Name

FLEET HAWK, INCORPORATED



Mailing Address

5325 140TH AVENUE NORTH CLEARWATER, FL 33760

Principal Place of Business

5325 140TH AVENUE NORTH CLEARWATER, FL 33760

FILED Apr 27, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01052006 No Chg-P

CR2E034 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

William A. Dodd SIGNATURE AND TYPED ON PRINTED NY

SIGNATURE: _

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.	Signature, typed or printed name of registered agent and title	If applicable, (NOTE Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		3. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODD, WILLIAM A JR. 5325 140TH AVENUE NORTH CLEARWATER, FL 33760			·	02\08\0e-80115-014 120'00 000000236832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUCHAK, MIKE 79 PELICAN PLACE BELLAIR, FL 33756				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODD, LAURIN K P.O. BOX 17820 DUNEDIN, FL 33756			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS EXTY-ST-ZIP		-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filing does not qualify to 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 occupacition or the receiver or trustee empowered to execute this expect as reposed by Chapter 507, 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.					