

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90022 038 ***150.00

DOCUMENT # P00000036401 1. Entity Name JOHN P. HAWKINS PAINTING, INC.	
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Principal Place of Business P.O. BOX 4834 FORT WALTON BEACH, FL 32549	Mailing Address POST OFFICE BOX 4834 FORT WALTON BEACH, F; 32549
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54004713

2. Principal Place of Business 62 Cherokee Ln Suite, Apt. #, etc.	3. Mailing Address 62 Cherokee Ln Suite, Apt. #, etc.
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City & State Defuniak Springs FL	City & State Defuniak Springs, FL
Zip 32433	Zip 32433
Country	Country



01312004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3645393	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILDER, JAMES R 102 OAKHILL AVENUE FORT WALTON BEACH, FL 32547	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

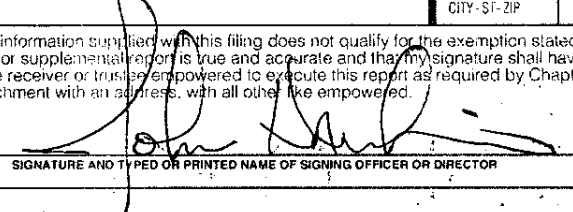
SIGNATURE _____ DATE _____

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWKINS, JOHN P P.O. BOX 4834 FORT WALTON BEACH, FL 32547 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	62 Cherokee Ln Defuniak Springs, FL 32433 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KARI KELLY ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY John Hawkins 62 Cherokee Ln Defuniak Spry #32433 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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: **x**  **x** **2/7/04**

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