


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000034656 1. Entity Name BEAD HAWK, INC.	
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Principal Place of Business 14180 BEACH BLVD SUITE 6 JACKSONVILLE, FL 32250	Mailing Address 14180 BEACH BLVD JACKSONVILLE, FL 32250
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DO NOT WRITE IN THIS SPACE



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3707327

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HAWKINS, SUSAN
14180 BEACH BLVD
JACKSONVILLE, FL 32250**

**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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000001463178 03-21-06-2006-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWKINS, SUSAN 14180 BEACH BLVD SUITE 6 JACKSONVILLE BEACH, FL 32250
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for 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 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: SUSAN C. HAWKINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-04-06 (904) 821-9494
Date Daytime Phone #