

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90002 017 ***150.00

DOCUMENT # P01000092326

1. Entity Name
THE HAWGSPITAL, INC.



Principal Place of Business
**6955 US HWY 19 N
PINELLAS PARK, FL 33781-6247**

Mailing Address
**113 21 AVENUE SOUTH
ST PETERSBURG, FL 33705**

40029884



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCMULLIN, KIM A
113 21 AVENUE SOUTH
ST PETERSBURG, FL 33705**

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCMULLIN, KIM A**
CITY-ST-ZIP **6955 US 19 N
PINELLAS PARK, FL 337816247**

TITLE ☐ Change ☐ Addition
NAME **6955-US HWY 19 N**
STREET ADDRESS **PINELLAS PARK FL 33781**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCMULLIN, GARY**
CITY-ST-ZIP **6955 US 19 N
PINELLAS PARK, FL 337816247**

TITLE ☐ Change ☐ Addition
NAME **6955-US HWY 19 N**
STREET ADDRESS **PINELLAS PARK FL 33781**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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: *Kim A. McMullin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-07 727-527-2221
Date Daytime Phone #