


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90024 024 ***150.00

DOCUMENT # P02000069656 1. Entity Name CHERIE A. HAWKINS PA					
Principal Place of Business 4702 ARMADILLO ST BOCA RATON, FL 33428			Mailing Address 4702 ARMADILLO ST BOCA RATON, FL 33428		
2. Principal Place of Business 8186 SE ORCHARD TER Suite, Apt. #, etc.		3. Mailing Address 8186 SE ORCHARD TER Suite, Apt. #, etc.			
City & State 1406 Sound FL 33455		City & State 1406 Sound FL 33455		4. FEI Number 11-3648782	
Zip 33455		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAWKINS, CHERIE R 4702 ARMADILLO ST BOCA RATON, FL 33428			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWKINS, CHERIE A 4702 ARMADILLO ST BOCA RATON, FL 33428 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Cherie A. Hawkins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-14-05 546-0157 <small>Date Daytime Phone #</small>		