


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90077 015 ***158.75

DOCUMENT # P02000087658		
1. Entity Name HAWKS LANDING II CORP.		
Principal Place of Business 11901 NW 4TH ST. PLANTATION FL 33325		Mailing Address 11901 NW 4TH ST. PLANTATION FL 33325



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 76-0711284	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CRISSON, E.M. 11901 NW 4TH ST. PLANTATION FL 33325	
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7. Name and Address of New Registered Agent	
Name DAVID J. SIMONS	
Street Address (P.O. Box Number is Not Acceptable) 3864 SHERIDAN ST.	
City HOLLYWOOD	FL Zip Code 33321

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRISSON, EM 11901 NW 4TH ST. PLANTATION FL 33325 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALL, DA PO BOX 267 OKEECHOBEE FL 34973 <input type="checkbox"/> Delete NEW ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHILTON, PAM 3220 OAKLEA DR. DELAND FL 32720 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALL, DA 13015 NE 4TH TERRACE OKEECHOBEE FL 34972 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 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: DAVID HALL **DAVID HALL** 4/28/06 954 805 5133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #