


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000002326	
1. Entity Name TIM HAWKINS EXCAVATION, INC	

Principal Place of Business 4405 222ND ST E BRADENTON FL 34211	Mailing Address 4405 222ND ST E BRADENTON FL 34211
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 32-0050533		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HAWKINS, TIMOTHY F 4405 222ND ST E BRADENTON FL 34211		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 re-instating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																							
<table border="1"> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HAWKINS, TIMOTHY F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4405 222ND ST E</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BRADENTON FL 34211</td> <td></td> </tr> </table>	TITLE	P	<input type="checkbox"/> Delete	NAME	HAWKINS, TIMOTHY F		STREET ADDRESS	4405 222ND ST E		CITY-ST-ZIP	BRADENTON FL 34211		<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>U000000726453</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>05/04/07-80008-008 150.00</td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	U000000726453		CITY-ST-ZIP	05/04/07-80008-008 150.00	
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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: Timothy F. Hawkins 4/17/07 941 322 8006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #