


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000015532</b> 1. Entity Name HAWKS DETECTIVE AGENCY, INC.	
--	---

Principal Place of Business 5019 SUNDANCE LANE TALLAHASSEE, FL 32309	Mailing Address P. O. BOX 13882 TALLAHASSEE, FL 32308
--	---



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 54-2095409	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	--

6. Name and Address of Current Registered Agent  HOLLISTER, RICHARD 5019 SUNDANCE LANE TALLAHASSEE, FL 32309
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLISTER, RICHARD K 5019 SUNDANCE LANE. TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREEN HOLLISTER, CARRIE 5019 SUNDANCE LANE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000669307 03/27/07-80066-009 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
--

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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Richard K. Hollister, CEO 3/14/2007 850 878 6800 <small>Date Daytime Phone #</small>
--	---