

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 DEC -2 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



07012004 Chg-P CR2E034 (10/03)

DOCUMENT # <b>003000022474</b>			
1. Entity Name <b>PAUL HAWES RENOVATIONS, INC.</b>			
Principal Place of Business <b>565 CLARA CONA CIR MT DORA, FL. 32757</b>		Mailing Address <b>P.O. Box 2566 GOLDENROD, FL 32733-2566</b>	
2. Principal Place of Business <b>565 CLARA CONA CIR</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MT DORA FL.</b>		City & State	
Zip <b>32757</b>	Country <b>LAKE</b>	Zip	Country
4. FEI Number <b>65-1174862</b>		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 <b>PAUL HAWES 565 CLARA CONA CIR MT DORA, FL. 32757</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PAUL HAWES 565 CLARA CONA CIR MT DORA FL 32757</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800043124528 12/02/04--01017--018 **150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PAUL HAWES 565 CLARA CONA CIR MT DORA FL. 32757</b> <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: <b>Paul Hawes</b>		11/29/2004 407- Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

2 of 2

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November 29, 2004

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Dept Of State  
Divisions of Corporations  
Tallahassee, Fl

Paul Hawes Renovations, Inc  
565 Claracona Circle  
Mt Dora, Fl 32757

Dear Sir Or Madam:

In reference to the dissolution of Paul Hawes Renovations, Inc  
Effective September 17th.

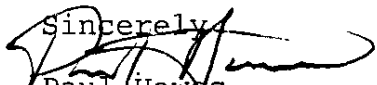
The reason that I did not renew the corporation is you have my  
address wrong in your records and I did not receive the renewal  
forms.

I'M enclosing the completed form and A check for \$150.00, Would  
you please forgive me this time and return my Corporation back'  
to active status.

Could you change my mailing address to P.O. Box 2566 Goldenrod  
Fl 32733-2566, Im traveling most of the time and this is a way  
to make sure that I get my mail.

Thank you in advance for your services

Sincerely,

  
Paul Hawes