


**2008-~~FOR~~ PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000142697</b> 1. Entity Name JHJ GULF COAST ENTERPRISES, INC.	
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Principal Place of Business 471 MAPLE LEAF CIRCLE PENSACOLA, FL 32514	Mailing Address 471 MAPLE LEAF CIRCLE PENSACOLA, FL 32514
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<b>DO NOT WRITE IN THIS SPACE</b>
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04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0493610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HAWKINS, JOSEPH JR. 471 MAPLE LEAF CIRCLE PENSACOLA, FL 32514
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**DO NOT WRITE  
IN THIS SPACE**

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 renating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000942959  
05/29/08-80041-0006 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HAWKINS, JOSEPH JR. 471 MAPLE LEAF CIRCLE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D HAWKINS, CHRISTINE J 471 MAPLE LEAF CIRCLE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D HAWKINS, DARRELL A 3014 PARAZINE STREET PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, THEODORE 3403 W. LEE ST. PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** Joseph Hawkins Jr 4-29-08 850-477-4435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #