

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 15, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000148513

1. Entity Name
MAGDA C. HAWKINS, P.A.



Principal Place of Business
**7809 W. COMMERCIAL BLVD.
TAMARAC, FL 33351**

Mailing Address
**7809 W. COMMERCIAL BLVD.
TAMARAC, FL 33351**



04112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0510836	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAWKINS, MAGDA C
7809 W. COMMERCIAL BLVD.
TAMARAC, FL 33351**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

1000000306759

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

04/15/05-80026-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAWKINS, MAGDA C
STREET ADDRESS	16814 PATIO VILLAGE LANE
CITY-ST-ZIP	WESTON, FL 33326

TITLE	D
NAME	HAWKINS, LAWRENCE J
STREET ADDRESS	16814 PATIO VILLAGE LANE
CITY-ST-ZIP	WESTON, FL 33326

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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Magda C. Hawkins, P.A.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05- 954 849-9612

Date

Daytime Phone #