


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90001 001 \*\*\*158.75

<b>DOCUMENT # P04000047338</b> 1. Entity Name <b>PRO-HAWK INDUSTRIES, INC.</b>			
Principal Place of Business <b>2245 BURNNER LANE FT. MYERS, FL 33908</b>		Mailing Address <b>2245 BURNNER LANE FT. MYERS, FL 33908</b>	
2. Principal Place of Business <b>2244-45 BURNNER LN.</b>		3. Mailing Address <b>15075 PARKSIDE DR SW.</b>	
Suite, Apt. #, etc. <b>UNIT 24-25</b>		Suite, Apt. #, etc. <b>#6</b>	
City & State <b>FT MYERS FL</b>		City & State <b>FT MYERS FL</b>	
Zip <b>33912</b>		Zip <b>33908</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>43-2047888</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HAWKS, RICHARD K 15075 PARKSIDE DR. SW #6 FT. MYERS, FL 33908</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>N/A</b> City <b>FL</b> 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: <b>N/A</b> <b>N/A</b> <b>N/A</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P HAWKS, RICHARD K 2245 BURNNER LANE FT. MYERS, FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARD K. HAWKS 15075 PARKSIDE DR SW. #6 FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAWKS, MATIA C 2245 BURNNER LANE FT. MYERS, FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MATIA C. HAWKS 15075 PARKSIDE DR SW #6 FT MYERS, FL 33908
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
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
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
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>RICHARD K HAWKS</b> <i>Richard K Hawks</i>		05/16/05 239-633-6595	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	