2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-2005 90294 035 ***150.00 DOCUMENT # P04000130397 1. Entity Name HAWK'S SERVICES, INC. Principal Place of Business Mailing Address marked to the air 14449 AUGUSTA ROAD 14449 AUGUSTA ROAD ORLANDO, FL 32826 ORLANDO, FL 32826 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062005 CR2E034 (10/03) Chg-P City & State 4. FEI Number 80-0123983 City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent (ignature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE n ☐ Delete TITLE ☐ Addition ☐ Change NAME HAWKINS, JOHN NAME STREET ADDRESS 14449 AUGUSTA ROAD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32826 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition HAWKINS, PRISCILLA NAME NAME STREET ADDRESS 14449 AUGUSTA ROAD STREET ADDRESS CITY-ST-79P ORLANDO, FL 32826 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ~□ Delete~~ TITLE ---- Change -- Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 five empowered.

(Copy)

<u>407-383-08**5**7</u>

FILED

Apr 18, 2005 8:00 am Secretary of State