2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000074970

Entity Name
ANNETTE HAWLEY, L.C.S W., INC



FILED Mar 17, 2008 08:00 A Secretary of State

Principal Place of Business

955 LEMONWOOD COURT HOLLYWOOD, FL 33019 Mailing Address

955 LEMONWOOD COURT HOLLYWOOD, FL 33019

No Chg-P 02092008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-2877250 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAWLEY, ANNETTE DO NOT WRITE .955 LEMONWOOOD.COURT HOLLYWOOD, FL 33019 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: typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PRES** TITLE NAME HAWLEY, ANNETTE 955 LEMONWOOD COURT STREET ADDRESS HOLLYWOOD, FL 33019 CITY-ST-ZIP U00000860298 04/02/08-80052-011 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-S1-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-\$1-ZIF TITLE NAME STREET ADDRESS CITY-SI-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality 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 it 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 attact/ment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

ER OR DIRECTOR

3-12-08

305-318-2878

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