


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90029 013 ***150.00

DOCUMENT # P07000007138 1. Entity Name S. R. HAWKINS CONSTRUCTION INC.					
Principal Place of Business 11685 SE 36TH AVENUE BELLEVIEW, FL 34420			Mailing Address 11685 SE 36TH AVENUE BELLEVIEW, FL 34420		
2. Principal Place of Business - No P.O. Box # 11685 SE 36th Avenue		3. Mailing Address 11685 SE 36th Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Belleview, Florida		City & State Belleview, Florida		4. FEI Number 76-0848151	
Zip 34420		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAWKINS, SHANA R 11685 SE 36TH AVENUE BELLEVIEW, FL 34420			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 <u>Shana R. Hawkins</u> <u>Shana R. Hawkins</u> <u>1/27/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAWKINS, SHANA R 11685 SE 36TH AVENUE BELLEVIEW, FL 34420 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Shana R. Hawkins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>1/27/08</u> <u>352-390-7024</u> <small>Date Daytime Phone #</small>		