

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048901

Entity Name: HAWK CONTRACTING, INC.

FILED  
Sep 03, 2008  
Secretary of State

## Current Principal Place of Business:

515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 262  
KOUTS, IN 46347

## New Mailing Address:

FEI Number: 20-8892766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KEOUGH, JOSEPH M  
Address: POST OFFICE BOX 262  
City-St-Zip: KOUTS, IN 46347

Title: D ( ) Delete  
Name: SWINFORD, STEPHEN J  
Address: 530 HOLLEY DRIVE  
City-St-Zip: CROWN POINT, IN 46307

Title: D ( ) Delete  
Name: SANTACATERINA, ANTHONY J  
Address: 81 WEST 112TH AVENUE  
City-St-Zip: CROWN POINT, IN 46307

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH M. KEOUGH

PRES

09/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date