

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90064 022 ***150.00

DOCUMENT # P93000018899

1. Entity Name

C. L. HAWTHORNE'S & SONS, INC.



Principal Place of Business

131 COMMODORE DRIVE
JUPITER FL 33477

Mailing Address

131 COMMODORE DRIVE
JUPITER FL 33477

2. Principal Place of Business - No P.O. Box #

29 Cayman Place

Suite, Apt. #, etc.

Palm Beach Gardens

City & State

Florida

Zip

33418

Country

3. Mailing Address

29 Cayman Place

Suite, Apt. #, etc.

Palm Beach Gardens

City & State

Florida

Zip

33418

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

65-0409819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title - applicable

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: HAWTHORNE, CHARLES F
STREET ADDRESS: 29 CAYMAN PLACE
CITY ST ZIP: PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE: D
NAME: HAWTHORNE, LINDA B
STREET ADDRESS: 29 CAYMAN PLACE
CITY ST ZIP: PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP: ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP: ☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP: ☐ Change ☐ Addition

TITLE:
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STREET ADDRESS:
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TITLE:
NAME:
STREET ADDRESS:
CITY ST ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Charles F Hawthorne

Charles F Hawthorne

2-3-07 561-776-9640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #