

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000045183

Entity Name: HAWKINS SERVICE COMPANY

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

9260 BAY PLAZA BLVD
SUITE 504
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 23208
TAMPA, FL 33623 US

New Mailing Address:

PO BOX 89489
TAMPA, FL 33689 US

FEI Number: 59-3184167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWKINS, TROY
9260 BAY PLAZA BLVD
SUITE 504
TAMPA, FL 33619 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAWKINS, TROY B
Address: 2304 FAIRWAY ESTATES COURT
City-St-Zip: VALRICO, FL 33594

Title: VP () Delete
Name: HIGGINS, ADRIAN D
Address: 4430 W. BAY COURT
City-St-Zip: TAMPA, FL 33614

Title: SEC () Delete
Name: HAECK, ERIC
Address: 5207 POINT HARBOR LANE
City-St-Zip: APOLLO BEACH, FL 33572

Title: VP (X) Delete
Name: BASHAM, DEMPSEY
Address: 1208 ROYAL OAK DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: TRES () Delete
Name: ACHHAMER, KAREN L
Address: 11319 124TH TERRACE NORTH
City-St-Zip: LARGO, FL 33778

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:

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: KAREN ACHHAMER

KA

03/26/2009

Electronic Signature of Signing Officer or Director

Date