


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90044 025 ***150.00

DOCUMENT # P93000079384	
1. Entity Name DAVID P. HAWKS, II INSURANCE AGENCY, INC.	

Principal Place of Business 2245 N. COURTENAY PARKWAY MERRITT ISLAND, FL 32953	Mailing Address P O BOX 54-1515 MERRITT ISLAND, FL 32954 US
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14003277



2. Principal Place of Business 145 Utopia Circle	3. Mailing Address 145 Utopia Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03272004 Chg-P CR2E034 (10/03)

City & State Merritt Island, FL	City & State Merritt Island, FL
Zip 32952-7102	Country Brevard

4. FEI Number 59-3209844	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAWKS, DAVID P 2245 N. COURTENAY PARKWAY MERRITT ISLAND, FL 32953	
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7. Name and Address of New Registered Agent Name Vicki H. Hawks Street Address (P.O. Box Number is Not Acceptable) 145 Utopia Circle City Merritt Island FL Zip Code 32952-7102	
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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 *Vicki H. Hawks* DATE *4.12.04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWKS, DAVID P II P.O. BOX 541515 MERRITT ISLAND, FL 329541515 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 3 VICKI H HAWKS 145 UTOPIA CIRCLE MERRITT ISLAND, FL 32952-7102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Vicki H. Hawks* DATE *4.12.04* 324-453-0262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR