



FILED

Jan 11, 2006 08:00 AM
Secretary of State**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000083151 <small>1. Entity Name</small> HAWKINS AND ASSOCIATES REALTY, INC.				
<small>Principal Place of Business</small> 290 MUSCOCGEE CANTONMENT, FL 32533 US	<small>Mailing Address</small> 7481 SHENANDOAH RD PENSACOLA, FL 32526			
DO NOT WRITE IN THIS SPACE				
<div style="text-align: right;">  01092006 No Chg-P CR2E034 (11/05) </div>				
4. FEI Number 59-3281333		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><small>Applied For</small></td> </tr> <tr> <td style="padding: 2px;"><small>Not Applicable</small></td> </tr> </table>	<small>Applied For</small>	<small>Not Applicable</small>
<small>Applied For</small>				
<small>Not Applicable</small>				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent HAWKINS, MERL R 7481 SHENANDOAH RD PENSACOLA, FL 32526		DO NOT WRITE IN THIS SPACE		
7. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>				
FILE NOW!! FEE IS \$150.00 After May 1, 2006 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				
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	PD HAWKINS, MERL R 7481 SHENANDOAH RD PENSACOLA, FL 32526			
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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>Merl R. Hawkins</u> MERL R. Hawkins 9 Jan 06 850 968 4774 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				