

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000037642

1. Entity Name
ROGER C. HAWKINS, PA



Principal Place of Business
7848 1ST AVE S
ST PETERSBURG, FL 33707

Mailing Address

7848 1ST AVE S
ST PETERSBURG, FL 33707

2. Principal Place of Business
7520 Sunshine Skyway Ln

3. Mailing Address
P.O. Box 67312

Suite, Apt. #, etc.
#110

Suite, Apt. #, etc.

City & State
St Petersburg FL

City & State
St Petersburg FL

Zip
33711

Country
US

Zip
33736

Country
US

6. Name and Address of Current Registered Agent

WATERS, RONALD C
1300 88TH AVE N
ST PETERSBURG, FL 33702

7. Name and Address of New Registered Agent

Name
Carol Y. Richardson, EA
Street Address (P.O. Box Number is Not Acceptable)
5133 Central Avenue

City
St Petersburg FL Zip Code
33710

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 *Carol Y. Richardson, EA*

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

6-28-2005

DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWKINS, ROGER C 7848 1ST AVE S ST PETERSBURG, FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7520 Sunshine Skyway Lane #110 St Petersburg, FL 33711
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
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
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
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
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: *Roger C. Hawkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/05

722-397-1880

Date

Daytime Phone #