## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000040813

HAWTHRONE, JAMIE

ORMOND BEACH, FL 32176

70 RIVERSIDE DR

Name:

Address:

City-St-Zip:

Entity Name: KENNETH HAWTHORNE, JR., M.D., P.A.

FILED Jan 18, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 106 OLD KINGS RD SUITE E ORMOND BEACH, FL 32174 US **New Mailing Address: Current Mailing Address:** 106 OLD KINGS RD SUITE E ORMOND BEACH, FL 32174 US FEI Number: 59-3323329 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TUMBLESON, J. DOYLE 150 SOUTH PALMETTO AVENUE DAYTONA BEACH, FL 32114 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPST ( ) Delete Title: () Change () Addition HAWTHORNE, KENNETH JR Name: Name: 70 RIVERSIDE DRIVE Address: Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: Title: () Delete Title: () Change () Addition

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KENNETH HAWTHORNE JR DPST 01/18/2005