2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

FILED Jan 28, 2005 08:00 AM DOCUMENT # P95000076492" **Secretary of State** 1. Entity Name DOUBLE HAWL, INC. Principal Place of Business Mailing Address 2000 NORTH KINGS HIGHWAY 2000 NORTH KINGS HIGHWAY FT PIERCE FL 34951 FT PIERCE FL 34951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0616759 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MINTON, JOHN L Street Address (P.O., Box Number is Not Acceptable) 2000 N KINGS HIGHWAY P.O. DRAWER 670 FT. PIERCE FL 34951 City Zip Code 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, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5,00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, 11. BIRECTORS IN 11 HILL TITLE Addition ☐ Delete MINTON, JOHN NAME NAME STREET ADDRESS 2000 N. KINGS HWY., P.O. DRAWER 670 STREET ADDRESS FT PIERCE FL 34951 CHY ST-ZIP CHTY-ST ZIP TITLE ☐ Delete FITLE ☐ Addition KENDALL, HAROLD JR NAME NAME 13000 S.W. 232ND ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP MIAMI FL HILLE Delete ☐ Change TITEE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITEE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-71P HILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7# HTLE ☐ Delete DILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST /P 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

John L. Minton, President

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR