


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 03, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000078098 1. Entity Name HAWK ENTERPRISES, INC.	
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Principal Place of Business MOBIL-ONSITE ORLANDO, FL 32825 US	Mailing Address 8307 CALAIS CR ORLANDO, FL 32825 US
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01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3288395	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPARKS, THERESA B 8307 CALAIS CIRCLE ORLANDO, FL 32825
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**


9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SPARKS, THERESA B 8307 CALAIS CIRCLE ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S SPARKS, STEVEN C 8307 CALAIS CR ORLANDO, FL 32825
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02/03/05-80011-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-05 407-65809
Date Daytime Phone #

THERESA SPARKS