

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90031 020 \*\*\*158.75

**DOCUMENT # P96000055769**

1. Entity Name  
**HAWKINS MANAGEMENT GROUP, INC.**



Principal Place of Business  
**2215 WEST GORE STREET  
ORLANDO, FL 32805**

Mailing Address  
**2215 WEST GORE STREET  
ORLANDO, FL 32805**

**DO NOT WRITE IN THIS SPACE**



02012008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3395227**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HAWKINS, CHARLES J II  
2215 WEST GORE STREET  
ORLANDO, FL 32805**

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HAWKINS, CHARLES J II
STREET ADDRESS	2215 WEST GORE STREET
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	D
NAME	HAWKINS, RUYE H
STREET ADDRESS	2215 WEST GORE STREET
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	D
NAME	HAWKINS, KAYDETTE H
STREET ADDRESS	2215 WEST GORE STREET
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Charles J. Hawkins II* / **Charles J. Hawkins II** 3/29/08 407-295-5173  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #