2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90001 010 ***158.75

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1. Entity Name
RUYE H. HAWKINS, P.A.

Principal Place of Business	Mailing Address
450 S ORANGE AVE STE 510 ORLANDO, FL 32801	P.O. BOX 555876 ORLANDO, FL 32855-5876

2. Principal Place of Business	3. Mailing Address
135 West Central Blvd.	
Suite, Apt. #, etc.: Suite 700	Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State
Zip: 32801 / Country: USA	Zip / Country

03302004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3490755 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, RUYE H ESQ
450 S ORANGE AVE
STE 510
ORLANDO, FL 32805

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 135 West Central Blvd., Suite 700
City: Orlando, Florida FL Zip Code: 32801

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] DATE 3/31/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD HAWKINS, RUYE H ESQ 450 S ORANGE AVE STE 510 ORLANDO, FL 32805 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 135 West Central Blvd., Ste. 700 Orlando, Florida 32801
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 3/31/04 407 420-9866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #