


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2008 08:00 A
Secretary of State

DOCUMENT # P98000039632 1. Entity Name T.J. AND PANSY HAWES, INC.	
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03282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3508602	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SALTER, JAMES D 5719 NW 97TH ST GAINESVILLE, FL 32653
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	P PEARCE, DEBORAH H 240 N BRIDGE CREEK DR SWITZERLAND, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEARCE, ROBERT S 240 N BRIDGE CREEK DR SWITZERLAND, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALTER, JAMES D 5719 NW 97TH ST GAINESVILLE, FL 32653
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04/18/08-80063-009 150.00

**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: Deborah H. Pearce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/08 904-287-3918
Date Daytime Phone #