


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S67350</b>	
<b>1. Entity Name</b> HAWTHORNE'S SEAT COVERS INC.	

<b>Principal Place of Business</b> 3620 ST AUGUSTINE RD. JACKSONVILLE, FL 32207	<b>Mailing Address</b> 3620 ST AUGUSTINE RD. JACKSONVILLE, FL 32207
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**DO NOT WRITE IN THIS SPACE**



03162004 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-3075330	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

DEETER, RUSS  
1753 HOLLOAKS RIVER DR  
JACKSONVILLE, FL 32225

**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** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000094682 03/23/04-80006-015 150.00
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP HAWTHORNE, GERALDINE L. 4331 TENNIE ST. JACKSONVILLE, FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DV HAWTHORNE, GREGORY 5222 DAMASCUS ROAD NORTH JACKSONVILLE, FL 32207
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, BRENDA L. 7966 ALPHONS ST. JACKSONVILLE, FL
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Geraldine L. Hawthorne **3/19/04** **904-398-3414**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Geraldine L. Hawthorne