

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S67350

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** HAWTHORNE'S SEAT COVERS INC.

**Current Principal Place of Business:**

3620 ST AUGUSTINE RD.  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

3620 ST AUGUSTINE RD.  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 59-3075330

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEETER, RUSS  
1753 HOLLY OAKS RAVINE DRIVE  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

DEETER, RUSS  
1716 TIFFANY PINES CIRCLEE  
JACKSONVILLE, FL 32225 US

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.

**SIGNATURE:** RUSS DEETER

04/06/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** HAWTHORNE, GERALDINE L.  
**Address:** 4331 TENNIE ST.  
**City-St-Zip:** JACKSONVILLE, FL

**Title:** DV  
**Name:** HAWTHORNE, GREGORY  
**Address:** 5222 DAMASCUS ROAD NORTH  
**City-St-Zip:** JACKSONVILLE, FL 32207

**Title:** D  
**Name:** MCDONALD, BRENDA G.  
**Address:** 12640 CARON DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32258

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** GERALDINE L HAWTHORNE

DP

04/06/2010

Electronic Signature of Signing Officer or Director

Date