


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # S97201		
1. Entity Name STEVEN E. HAWK, P.A.		

Principal Place of Business 101 S. 11TH STREET SUITE 4 LEESBURG, FL 34748	Mailing Address 101 S. 11TH STREET SUITE 4 LEESBURG, FL 34748
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DO NOT WRITE IN THIS SPACE

04082008 No Chg-P CR2E034 (11/05)	
4. FEI Number 62-1148244	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HAWK, STEVEN E MD
101 S. 11TH STREET
SUITE 4
LEESBURG, FL 34748

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000909977 05/06/08-80091-015 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV HAWK, STEVEN E MD 101 S. 11TH STREET, SUITE 4 LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ATKINS-HAWK, LOIS S 1408 S 9TH ST. LEESBURG, FL 34748
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TITLE 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 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:  **4/10/08** **63**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #