


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05514</b> 1. Entity Name <b>HURRICANE HUNTERS, INC.</b>					
Principal Place of Business % FITZSIMMONS, ROBERT J., JR. 2818 CEDAR CREST DRIVE ORANGE PARK FL 32073			Mailing Address % FITZSIMMONS, ROBERT J., JR. 2818 CEDAR CREST DRIVE ORANGE PARK FL 32073		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2477770</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FITZSIMMONS, ROBERT J. JR.</b> <b>2818 CEDAR CREST DRIVE</b> <b>ORANGE PARK FL 32073</b>				7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <u>Robert J. Fitzsimmons, Jr., President</u> <span style="float: right;">DATE <u>23 JAN 2004</u></span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	FITZSIMMONS, ROBERT J. JR.		STREET ADDRESS		
CITY - ST - ZIP	2818 CEDAR CREST DR ORANGE PARK FL		CITY - ST - ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SIRCH, RICHARD W.F.		NAME		
STREET ADDRESS	2805 CEDAR CREST DR		STREET ADDRESS		
CITY - ST - ZIP	ORANGE PARK FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	REYNOLDS, WILLIAM I.		NAME		
STREET ADDRESS	RR 1, BOX 550 A		STREET ADDRESS		
CITY - ST - ZIP	CRESCENT CITY FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	KEATING, ARTHUR L.		NAME		
STREET ADDRESS	4341 VERONA AVE.		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	FRY, THEODORE		NAME		
STREET ADDRESS	118 SPRUCY RIDGE RD. PVT DR.		STREET ADDRESS		
CITY - ST - ZIP	MOUNTAIN CITY TN 37683		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PARHAM, GERLAD		NAME		
STREET ADDRESS	2577 HALPERNS WAY		STREET ADDRESS		
CITY - ST - ZIP	MIDDLEBURG FL		CITY - ST - ZIP		

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 617, 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:** Robert J. Fitzsimmons, Jr. DATE 1/23/04 1904 264 6076  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR