


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N05514 1. Entity Name HURRICANE HUNTERS, INC.					
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 59-2477770	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FITZSIMMONS, ROBERT J. JR. 2818 CEDAR CREST DRIVE ORANGE PARK FL 32073				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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><i>Robert J. Fitzsimmons Jr.</i></u> ROBERT J. FITZSIMMONS JR. MAR 20 2005 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT FITZSIMMONS, ROBERT J. JR. 2818 CEDAR CREST DR ORANGE PARK FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SIRCH, RICHARD W.F. 2805 CEDAR CREST DR ORANGE PARK FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REYNOLDS, WILLIAM I. RR 1, BOX 550 A CRESCENT CITY FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEATING, ARTHUR L. 4341 VERONA AVE. JACKSONVILLE FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRY, THEODORE 118 SPRUCY RIDGE RD. PVT DR. MOUNTAIN CITY TN 37683	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARHAM, GERLAD 2577 HALPERNS WAY MIDDLEBURG FL	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Robert J. Fitzsimmons Jr.</i></u> ROBERT J. FITZSIMMONS JR. 3/20/05 904 244 6071 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					