

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90016 036 ****61.25

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

42 CORTES COURT

Suite, Apt. #, etc.

3. Mailing Address

42 CORTES COURT

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

PALM COAST FL.

City & State

PALM COAST FL.

4. FEI Number

59-2477770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional --
Fee Required

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 RAYMOND L. BOYLAN

Street Address (P.O. Box Number is Not Acceptable)

42 CORTES COURT

City PALM COAST

FL

Zip Code

32137

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

RAYMOND L. BOYLAN

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

1-17-2006

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	FITZSIMMONS, ROBERT J. JR.	
STREET ADDRESS	2818 CEDAR CREST DR	
CITY-ST-ZIP	ORANGE PARK FL	

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SIRCH, RICHARD W.F.	
STREET ADDRESS	2805 CEDAR CREST DR	
CITY-ST-ZIP	ORANGE PARK FL	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, WILLIAM I.	
STREET ADDRESS	RR 1, BOX 550 A	
CITY-ST-ZIP	CRESCENT CITY FL	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEATING, ARTHUR L.	
STREET ADDRESS	4341 VERONA AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRY, THEODORE	
STREET ADDRESS	118 SPRUCY RIDGE RD. PVT DR.	
CITY-ST-ZIP	MOUNTAIN CITY TN 37683	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARHAM, GERLAD	
STREET ADDRESS	2577 HALPERNS WAY	
CITY-ST-ZIP	MIDDLEBURG FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR, PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND L. BOYLAN	
STREET ADDRESS	42 CORTES COURT	
CITY-ST-ZIP	PALM COAST FL. 32137	

TITLE	TREASURER, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN M. DILLINGHAM	
STREET ADDRESS	482 WEST RIVER RD.	
CITY-ST-ZIP	DALATKA FL 32177	

TITLE	SECRETARY DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYMOND W. HENNESSEY	
STREET ADDRESS	1751 FARMWAY DR	
CITY-ST-ZIP	MIDDLEBURG FL 32068	

TITLE	VICE-PRESIDENT DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER GROSS	
STREET ADDRESS	1755 GRANDVIEW RD	
CITY-ST-ZIP	PRESCOTT AZ 86305	

TITLE	WAYNE LEDBETTER DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYNE LEDBETTER	
STREET ADDRESS	1721 RIVER HILLS DR.	
CITY-ST-ZIP	ORANGE PARK FL. 32003	

TITLE	PAUL SIVERLY DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL SIVERLY	
STREET ADDRESS	3026 E. KINGSFIELD	
CITY-ST-ZIP	PENSACOLA FL. 32514	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

RAYMOND L. BOYLAN

RAYMOND L. BOYLAN

1-17-2006

386-447-9857