## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000000725

FILED Apr 24, 2009 Secretary of State

Entity Name: HURRICANE FLOOR SANDING, INC. **Current Principal Place of Business: New Principal Place of Business:** 4490 GIRLSTOWN RD. MOUNTAIN GROVE, MO 65711 **Current Mailing Address: New Mailing Address:** 4490 GIRLSTOWN RD. MOUNTAIN GROVE, MO 65711 FEI Number: 52-2439143 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KICKLIGHTER, DAVID KICKLIGHTER, DAVID 17250 OLEANDER LANE 5710 MALONEY AVENUE SUMMERLAND KEY, FL 33042 US KEY WEST, FL 33040 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: DAVID KICKLIGHTER 04/24/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CDPS () Delete Title: () Change () Addition KICKLIGHTER, DAVID Name: Name: 4490 GIRLSTOWN RD. Address: Address: City-St-Zip: MOUNTAIN GROVE, MO 65711 City-St-Zip: Title: () Delete Title: () Change () Addition KICKLIGHTER, LISA Name: Name: 4490 GIRLSTOWN RD Address: Address: MOUNTAIN GROVE, MO 65711 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LISA KICKLIGHTER SEC. 04/24/2009