
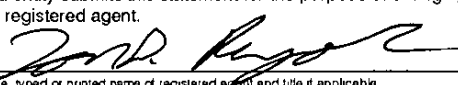
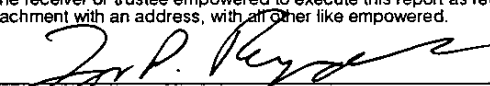


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90044 002 ***150.00

DOCUMENT # F41317 1. Entity Name HURRICANE HARBOR MARINE, INC.			
Principal Place of Business 611 HIGHWAY 27 N. DUNDEE FL 33838		Mailing Address 611 HIGHWAY 27 N. DUNDEE FL 33838	
2. Principal Place of Business 29000 US Hwy 27		3. Mailing Address Dundee, FL	
Suite, Apt. #, etc. 1		Suite, Apt. #, etc. 1	
City & State Dundee, FL		City & State Dundee, FL	
Zip 33838		Country USA	
4. FEI Number 59-1232800		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYNOLDS, JON PAUL 611 HWY 27 N. DUNDEE FL 33838		7. Name and Address of New Registered Agent Name Hurricane Harbor Marine, Inc. Street Address (P.O. Box Number is Not Acceptable) 29000 US Hwy 27 Dundee, FL 33838 City PH: 863-439-1467	
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 	
Signature, typed or printed name of registered agent and title if applicable		DATE 1-28-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME REYNOLDS, JON PAUL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 611 HWY 27 N	CITY-ST-ZIP DUNDEE FL		
TITLE NAME	STREET ADDRESS NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP 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 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: 		Date 1-28-05 Daytime Phone # (863) 439-1467	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			