


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90009 022 ***150.00

DOCUMENT # L28644	
1. Entity Name HURRICANE DIVERSIFIED, INC.	

Principal Place of Business 7116 WESTMAR DR. ORLANDO, FL 32819-7754	Mailing Address 7116 WESTMAR DR. ORLANDO, FL 32819-7754
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54066179

2. Principal Place of Business 5410 S-TURKEY LAKE RD Suite, Apt. #, etc.	3. Mailing Address 5410 S-TURKEY LAKE RD Suite, Apt. #, etc.
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07202004 Chg-P CR2E034 (10/03)

City & State ORLANDO, FL 32819	City & State ORLANDO, FL
Zip 32819	Zip 32819
Country USA	Country USA

4. FEI Number 59-2985999	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHESTER, JOSEPH KERRY 7116 WESTMAR DR. ORLANDO, FL 32819-7754	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHESTER, JOSEPH KERRY 7116 WESTMAR DR. ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHESTER, MARIE-PIERRE 7116 WESTMAR DR ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHESTER, JULIE 110 EATHAN AVE DAVENPORT, FL 33837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marie Pierre Chester 7/28/04 407-925-4723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
Doc # L28644 54066179
HURRICANE DIVERSIFIED, INC.

July 29, 2004

Division of Corporation
P.O Box 1500
Tallahassee, FL 32302-1500

Subject: Hurricane Diversified, Inc
Ref. Number: L28644

Attn to: Katrina Sutphin

I am Marie-Pierre Chester Vice-President of my company Hurricane Diversified, Inc

We moved in a new house and I have never received my 2004 for profit annual report application

Please disregard the penalty

Thank you.

Marie-Pierre Chester
Vice-President

5410 . S. Turkey Lake Rd, Orlando, FL 32819
Phone: (407)-925-4723