

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L97557

FILED  
Jan 17, 2005  
Secretary of State

Entity Name: HURRICANE AUTO SALES, INC.

## Current Principal Place of Business:

13440 PALM BEACH BLVD  
FORT MYERS, FL 33905 US

## New Principal Place of Business:

11473 N WILLIAMS ST  
DUNNELLON, FL 34432 US

## Current Mailing Address:

13440 PALM BEACH BLVD  
FORT MYERS, FL 33905 US

## New Mailing Address:

11473 N WILLIAMS ST  
DUNNELLON FL, FL 34432 US

FEI Number: 65-0216039

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHAW, ROBERT T.  
13440 PALM BEACH BLVD.  
FORT MYERS, FL 33905 US

## Name and Address of New Registered Agent:

SHAW, ROBERT T.  
11473 N WILLIAMS ST  
DUNNELLON, FL 34432 US

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:

01/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: SHAW, ROBERT T.,  
Address: 13440 PALM BEACH BLVD.  
City-St-Zip: FORT MYERS, FL 33905

Title: D ( ) Delete  
Name: SHAW, ROBERT T.,  
Address: 13440 PALM BEACH BLVD.  
City-St-Zip: FORT MYERS, FL 33905

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: SHAW, ROBERT T.,  
Address: 11473 N WILLIAMS ST  
City-St-Zip: DUNNELLON, FL 34432

Title: D (X) Change ( ) Addition  
Name: SHAW, ROBERT T.,  
Address: 11473 N WILLIAMS ST  
City-St-Zip: DUNNELLON, FL 34432

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT T SHAW

PRES

01/17/2005

Electronic Signature of Signing Officer or Director

Date