

**2008 CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000099

**Entity Name:** HURRICANES BASEBALL BOOSTERS, INC.**FILED**  
**May 14, 2008**  
**Secretary of State**05-01-06 60482 016 \$145.00 \*\*\* \$56.25  
OVERPAYMENT FROM 2006 AR APPLIED  
TO THIS AR. SPT 1-22-10**Current Principal Place of Business:**3037 HOMESTEAD OAKS DRIVE  
CLEARWATER, FL 33759**New Principal Place of Business:****Current Mailing Address:**3037 HOMESTEAD OAKS DRIVE  
CLEARWATER, FL 33759**New Mailing Address:****FEI Number:** 11-3757893**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**OSTROSKI, NATALIE  
3037 HOMESTEAD OAKS DRIVE  
CLEARWATER, FL 33759 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.****Election Campaign Financing Trust Fund Contribution ( ).****OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** OSTROSKI, NATALIE  
**Address:** 3037 HOMESTEAD OAKS DRIVE  
**City-St-Zip:** CLEARWATER, FL 33759**Title:** TD ( ) Delete  
**Name:** ROEPKE, JEAN  
**Address:** 652 SEVERS LANDING  
**City-St-Zip:** PALM HARBOR, FL 34683**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** VP (X) Change ( ) Addition  
**Name:** ROEPKE, JEAN  
**Address:** 652 SEVERS LANDING  
**City-St-Zip:** PALM HARBOR, FL 34683**Title:** TD ( ) Change (X) Addition  
**Name:** GRIFFITH, LISA  
**Address:** 504 HUMPHRIES  
**City-St-Zip:** SAFETY HARBOR, FL 34689

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: NATALIE OSTROSKI

PD

05/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date