


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000002600</b> 1. Entity Name HURRICANE AWARENESS CONSULTANTS OF FLORIDA, INC.	
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Principal Place of Business 2212 E. 4TH AVE. TAMPA, FL 33605	Mailing Address P.O. BOX 22023 TAMPA, FL 33622-2023
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**DO NOT WRITE IN THIS SPACE**



04202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3507186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DRAKEFORD & DRAKEFORD, P.A. 2212 E. 4TH AVE. TAMPA, FL 33605
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRAKEFORD, WALTER H.C. 2212 E. 4TH AVE. TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELLA DONNA, JOHN 2212 E. 4TH AVE. TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SINGER, ROBERT L 2212 E. 4TH AVE. TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:**  **425-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #