


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90266 031 \*\*\*\*61.25

<b>DOCUMENT # N98000002600</b> 1. Entity Name <b>HURRICANE AWARENESS CONSULTANTS OF FLORIDA, INC.</b>					
Principal Place of Business <b>2212 E. 4TH AVE. TAMPA, FL 33605</b>			Mailing Address <b>P.O. BOX 22023 TAMPA, FL 33622-2023</b>		
2. Principal Place of Business <b>14241 60th Street N.</b> Suite, Apt. #, etc.		3. Mailing Address <b>601 Jefferson Davis Hwy</b> Suite, Apt. #, etc. <b>Suite 201</b>			
City & State <b>Clearwater, FL</b>		City & State <b>Fredericksburg, VA</b>		4. FEI Number <b>59-3507186</b>	
Zip <b>33760</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33760</b>		Country <b>USA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>DRAKEFORD &amp; DRAKEFORD, P.A.</b> <b>2212 E. 4TH AVE.</b> <b>TAMPA, FL 33605</b>			7. Name and Address of New Registered Agent Name <b>Drakeford &amp; Drakeford, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>14241 60th Street North</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33760</b>		
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 <u>Drakeford &amp; Drakeford P.A. Julie R. Pina - Agent</u> DATE <u>4-10-05</u> <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAKEFORD, WALTER H.C. 2212 E. 4TH AVE. TAMPA, FL 33605	<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	D DELLA DONNA, JOHN 2212 E. 4TH AVE. TAMPA, FL 33605	<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	D SINGER, ROBERT L 2212 E. 4TH AVE. TAMPA, FL 33605	<input checked="" 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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 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: <u>Walter Drakeford</u> DATE <u>4-13-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					