
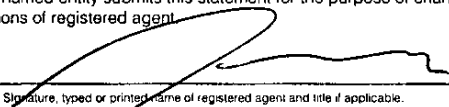
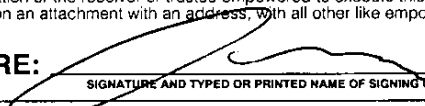


DEPARTMENT OF STATE
2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90078 031 ****61.25

DOCUMENT # N98000002600 1. Entity Name HURRICANE AWARENESS CONSULTANTS OF FLORIDA, INC.					
Principal Place of Business 14241 60TH STREET NORTH CLEARWATER, FL 33760			Mailing Address 601 JEFFERSON DAVIS HWY SUITE 201 FREDERICKSBURG, VA 22401		
2. Principal Place of Business - No P.O. Box # 1668 N. Hercules Ave		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc. Unit E		City & State Clearwater			
Zip FL		Country 33765		4. FEI Number 59-3507186	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DRAKEFORD & DRAKEFORD, P.A. 14241 60TH STREET NORTH CLEARWATER, FL 33760			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1668 N. Hercules Ave Unit E City Clearwater FL Zip Code 33765		
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  WALTER DRAKEFORD 3-30-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
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	D DELLA DONNA, JOHN 2212 E. 4TH AVE. TAMPA, FL 33605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONAHAN, THOMAS 14241 60TH STREET NORTH CLEARWATER, FL 33760	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  WALTER DRAKEFORD, D.D. 3-30-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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