


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000002600 1. Entity Name HURRICANE AWARENESS CONSULTANTS OF FLORIDA, INC.	
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Principal Place of Business 1668 N HERCULES AVE UNIT E CLEARWATER, FL 33765	Mailing Address 601 JEFFERSON DAVIS HWY SUITE 201 FREDERICKSBURG, VA 22401
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DO NOT WRITE IN THIS SPACE



03252008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent DRAKEFORD & DRAKEFORD, P.A. 1668 N. HERCULES AVE UNIT E CLEARWATER, FL 33765	DO NOT WRITE IN THIS SPACE
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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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

UN00000881631
04/16/08-80008-016 61.25

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 MONAHAN, THOMAS 14241 60TH STREET NORTH CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER DRAKEFORD

4-1-08

Date

Daytime Phone #