

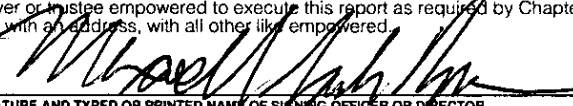


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90300 018 ***150.00

DOCUMENT # P00000058647 1. Entity Name HURRICANE PLANTATION DEVELOPMENT, INC.					
Principal Place of Business 9 GIPSON PL FT WALTON BEACH FL 32548			Mailing Address 9 GIPSON PL FT WALTON BEACH FL 32548		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 381 WEST MIRACLE STRIP Suite, Apt. #, etc.			
City & State MARY ESTHER, FL		City & State MARY ESTHER, FL		4. FEI Number 59-3657683	
Zip 32569 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent BRUNER, MAXWELL J 9 GIBSON PLACE FORT WALTON BEACH FL 32548			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 381 WEST MIRACLE STRIP City MARY ESTHER FL Zip Code 32569		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD BRUNER, MAXWELL JOSEPH 9 GIPSON PLACE FORT WALTON BEACH FL 32548	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RITA RUCKEL 381 WEST MIRACLE STRIP MARY ESTHER, FL 32569	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RITA RUCKEL 381 WEST MIRACLE STRIP MARY ESTHER, FL 32569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RITA RUCKEL 381 WEST MIRACLE STRIP MARY ESTHER, FL 32569	<input type="checkbox"/> Change <input checked="" 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 607, 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: 			Date 4/27/04 Daytime Phone # 850/243-7828		