

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90028 006 ***150.00

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1. Entity Name
HURRICANE PLANTATION DEVELOPMENT, INC.



Principal Place of Business
9 GIPSON PL
FT WALTON BEACH, FL 32548

Mailing Address
381 WEST MIRACLE STRIP
MARY ESTHER, FL 32569

2. Principal Place of Business
381 West Miracle Strip
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Mary Esther, FL
Zip **32569** Country **U.S.**

City & State
City Zip Country

03152005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3657683
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BRUNER, MAXWELL J
381 WEST MIRACLE STRIP
MARY ESTHER, FL 32569

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PVTD	<input type="checkbox"/> Delete
NAME	BRUNER, MAXWELL JOSEPH	
STREET ADDRESS	381 WEST MIRACLE STRIP	
CITY - ST - ZIP	MARY ESTHER, FL 32569	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RUCKEL, RITA	
STREET ADDRESS	381 WEST MIRACLE STRIP	
CITY - ST - ZIP	MARY ESTHER, FL 32569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Rita Ruckel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-05 (850) 243-7828

Date **Daytime Phone #**