


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90039 024 \*\*\*150.00

<b>DOCUMENT # P00000093654</b>			
1. Entity Name <b>HURRICANE MOVING &amp; TRANSFERS, INC.</b>			
Principal Place of Business <b>1506 MELODY LANE APOPKA, FL 32703</b>		Mailing Address <b>1506 MELODY LANE APOPKA, FL 32703</b>	
2. Principal Place of Business - No P.O. Box # <b>1120 LAKE VIEW DR</b>		3. Mailing Address <b>1120 LAKE VIEW DR</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>ALTAMONTE SPRINGS, FL</b>		City & State <b>ALTAMONTE SPRINGS, FL</b>	
Zip <b>32714</b>	Country <b>USA</b>	Zip <b>32714</b>	Country <b>USA</b>



04132008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3675513</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GREENE, CHARLES D 4476 FAIRVIEW AVENUE ORLANDO, FL 32804</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 renewing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	PV CAPES, HILLERY S 1506 MELODY LANE APOPKA, FL 32703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PV CAPES, HILLERY E. 1120 LAKE VIEW DR. ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST EVERETTE, DELORES A 1506 MELODY LANE APOPKA, FL 32703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST EVERETTE, DELORES A. 1120 LAKE VIEW DR. ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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 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 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:  4/13/08 321-231-1993  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #