2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000059183

1. Entity Name
HURRICANE AIR, INC.

Principal Place of Business	Mailing Address
9001 LIGON CT.	9001 LIGON CT.
FT. MYERS, FL 33908	FT. MYERS, FL 33908

DO NOT WRITE IN THIS SPACE

02142005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
04-3632868	Not Applicable

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

6. Name and Address of Current Registered Agent

SHANNON, CHRIS
9001 LIGON CT.
FT. MYERS, FL 33908

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IN THIS SPACE

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 _(signature)_   *Chris Shannon*   2-21-05

Signature, typed or printed name of registered agent and title if applicable.   (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 Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SHANNON, CHRIS
STREET ADDRESS	9001 LIGON CT.
CITY-ST-ZIP	FT. MYERS, FL 33908

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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02/24/05-80074-003 150.00

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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: _(signature)_   *Chris Shannon*   2-21-05   235-337-2727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #