


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90041 004 ***150.00

DOCUMENT # P01000059183	
1. Entity Name HURRICANE AIR, INC.	

Principal Place of Business 9001 LIGON CT. FT. MYERS, FL 33908	Mailing Address 9001 LIGON CT. FT. MYERS, FL 33908
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40006873

2. Principal Place of Business 5485 Lee Street Suite, Apt. #, etc. Suite #9 City & State Lehigh Acres FL Zip 33971 Country USA	3. Mailing Address 5485 Lee Street Suite, Apt. #, etc. Suite #9 City & State Lehigh Acres FL Zip 33971 Country USA
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01102006 Chg-P CR2E034 (11/05)

4. FEI Number 04-3632868	Applied For Not Applicable
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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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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5412 Brookfield Street City Lehigh Acres FL Zip Code 33971	
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SHANNON, CHRIS 9001 LIGON CT. FT. MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shannon Chris 5412 Brookfield Street Lehigh Acres, FL 33971 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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, without other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **1-24-06 239-337-2727** **Date** **Daytime Phone #**