## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000067996

RICHTER, KONRAD

ORLANDO, FL 32829

8502 LYONIA DR

Name:

Address: City-St-Zip: FILED Mar 11, 2008 Secretary of State

Entity Name: HURRICANE BUILDING CONSTRUCTION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1105 KENSINGTON PARK DRIVE ALTAMONTE SPRINGS, FL 32714 **Current Mailing Address: New Mailing Address:** PO BOX 161613 ALTAMONTE SPRINGS, FL 32716 FEI Number: 35-2173393 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDERSON, TARA J ANDERSON, TARA J 713 SANDY CT #376 892 LITTLE BEND ROAD ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 US US 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. SIGNATURE: TARA ANDERSON 03/11/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition ANDERSON, THOMAS J Name: Name: 521-101 VIA VERONA LANE Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: Title: SEC () Delete (X) Change ( ) Addition ANDERSON, TARA J ANDERSON, TARA J Name: Name: 892 LITTLE BEND ROAD 713 SANDY CT #376 Address: Address: ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: TARA ANDERSON VP 03/11/2008