

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000072476

Entity Name: STORM CATCHER, INC.

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6182 IDLEWILD STREET  
FT. MYERS, FL 33966

**New Principal Place of Business:**

**Current Mailing Address:**

6182 IDLEWILD STREET  
FT. MYERS, FL 33966

**New Mailing Address:**

FEI Number: 56-2399444

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIST, BRIAN  
6182 IDLEWILD STREET  
FT. MYERS, FL 33966 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: RIST, BRIAN  
Address: 6182 IDLEWILD STREET  
City-St-Zip: FT. MYERS, FL 33966

Title: CFO  
Name: ORTIZ, EZEQUIEL  
Address: 6182 IDLEWILD STREET  
City-St-Zip: FT. MYERS, FL 33966

I hereby 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 all other like empowered.

SIGNATURE: EZEQUIEL ORTIZ

CFO

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date