

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90121 048 ***150.00

DOCUMENT # P02000073507

1. Entity Name

HURRICANE PASS TRADERS, INC.



Principal Place of Business

107 2 AVE NORTH
ST PETERSBURG FL 33701

Mailing Address

2556 N. MCMULLEN BOOTH RD.
CLEARWATER FL 33761

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

935 Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C-2

City & State

Safety Harbor, FL

Zip

Country

Zip

34695

Country

Puella

1st MOORE

CR2E034 (10/07)

4. FEI Number

02-0632919

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RABON, BRUCE
107 2 AVE NORTH
ST PETERSBURG FL 33701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 D ☐ Delete
NAME RABON, BRUCE
STREET ADDRESS 2556 N. MCMULLEN BOOTH RD.
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☒ Change ☐ Addition
NAME 935 Main St C-2
STREET ADDRESS Safety Harbor, FL 34695
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GWYNN, MARTIN
STREET ADDRESS 1406 SOUTHRIDGE DR
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME RABON, BRUCE
STREET ADDRESS 2556 N MCMULLEN BOOTH RD
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☒ Change ☐ Addition
NAME 935 Main St C-2
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08 127-736-7058