

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000015779

**Entity Name:** HURRICANE FRAMERS, INC.

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2964 INDIAN RIVER DRIVE NE  
PALM BAY, FL 32905

**New Principal Place of Business:**

**Current Mailing Address:**

2964 INDIAN RIVER DRIVE NE  
PALM BAY, FL 32905

**New Mailing Address:**

PO BOX 391  
TURON, KS 67583

**FEI Number:** 02-0674329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATHESIOUS, KARL PRES  
2964 INDIAN RIVER DRIVE NE  
PALM BAY, FL 32905 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: D  
Name: MATHESIOUS, KARL  
Address: 2964 INDIAN RIVER DRIVE NE  
City-St-Zip: PALM BAY, FL 32905

Title: S  
Name: MARCOCCI, FRANCES J  
Address: 2964 INDIAN RIVER DRIVE NE  
City-St-Zip: PALM BAY, FL 32905

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: FRANCES MARCOCCI

SECR

02/27/2012

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

\_\_\_\_\_  
Date