

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000121762

1. Entity Name
HURRICANE SIGNALS, INC.



Principal Place of Business
**13 BELLEVUE DRIVE
TREASURE ISLAND, FL 33706**

Mailing Address
**13 BELLEVUE DRIVE
TREASURE ISLAND, FL 33706**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **54-2131947** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**TYLER, HENRY W
13 BELLEVUE DRIVE
TREASURE ISLAND, FL 33706**

**DO NOT WRITE
IN THIS SPACE**

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 (Use if applicable).

(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. ☐

\$5.00 May Be
Added to Fees

**11000000386367
01/19/06-80020-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TYLER, HENRY MR.
STREET ADDRESS	13 BELLEVUE DR
CITY-ST-ZIP	TREASURE ISL, FL 33706
TITLE	VPST
NAME	TYLER, TERESA
STREET ADDRESS	5328 55TH AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709
TITLE	C
NAME	HEPLER, E
STREET ADDRESS	11580 SHIPWATCH DR #845
CITY-ST-ZIP	LARGO, FL 33774
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-06

727 367-2809