
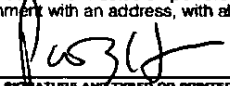


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90076 012 ***150.00

DOCUMENT # P04000125464					
1. Entity Name HURRICANE PAINTS, INC.					
Principal Place of Business 435 S STATE ROAD 7 HOLLYWOOD, FL 33023			Mailing Address 435 S STATE ROAD 7 HOLLYWOOD, FL 33023		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1557146	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HILL, PATRICK S 435 S STATE ROAD 7 HOLLYWOOD, FL 33023			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIOLL, PATRICK S 435 S STATE ROAD 7 HOLLYWOOD, FL 33023 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, PATRICK S. 435 S. STATE RD 7 HOLLYWOOD, FL 33023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILL, SANDRA L. 435 S. STATE RD 7 HOLLYWOOD, FL 33023 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Date: 7-11-05 Daytime Phone #: 954-200-966-1246		

20063573



06292005 Chg-P CR2E034 (10/03)



ATTACHMENT 20063573
Division of Corporations

Annual Report

[Annual Report Help](#)

Document Number

P04000125464

Business Entity Name

HURRICANE PAINTS, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

435 S STATE ROAD 7

Suite, Apt. #, etc.

City, State

HOLLYWOOD

, FL

Zip Code & Country

33023

Mailing Address

Address

435 S STATE ROAD 7

Suite, Apt. #, etc.

City, State

HOLLYWOOD

, FL

Zip Code & Country

33023

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

HILL

, PATRICK

, S

-or- RA Business Name

Address (PO Box is not acceptable)

435 S STATE ROAD 7

Suite, Apt. #, etc.

City, State

HOLLYWOOD

, FL

Zip Code & Country

33023

US

If there is a change in registered agent, the new agent will need to type their name

ATTACHMENT
#PD04600125464
20063573

June 20, 2005

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: Hurricane Paints, Inc.
2005 For Profit Corporation Annual Report

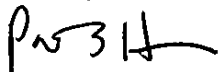
Dear Sir or Madam,

Enclosed you will find the 2005 For Profit Corporation Annual Report for Hurricane Paints, Inc. I was unaware that this needed to be filed and received no notice prior to May 1.

I have enclosed a check in the amount of \$150, \$550 less the \$400 penalty. Please notify me if anything else needs to be done.

Thank you for your assistance in this matter.

Sincerely,



Patrick S. Hill
President

Enclosures

PG 4