## **2007 FOR PROFIT CORPORATION**

Zip

SIGNATURE.

10.

TITLE

NAME

STREET ADDRESS

SIGNATURE:

BONANNO, JOSEPH

the obligations of registered agent.

FILE NOWIII FEE IS \$150.00

BONANNO, JOSEPH

43 PITTMAN DRIVE

After May 1, 2007 Fee will be \$550.00

**43 PITTMAN DRIVE** PALM COAST, FL 32164

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

8. The above named entity submits this statement for the purpose of changing its registered office or registered

OFFICERS AND DIRECTORS

## **ANNUAL REPORT DOCUMENT # P05000016075** PALM COAST HURRICANE PROTECTION, INC. Principal Place of Business Mailing Address P.O.BOX 351712 1756 S.R. 100 PALM COAST, FL 32135 BUNNELL, FL. 32110 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Country

Street Address (P.

City

(NOTE: Registered Agent signature required w

11.

TITLE

STREET ADDRESS

Joe & GNANNU 3-6-07 386-931-5325

9. Election Campaign Financing

Trust Fund Contribution.

☐ Delete

## FILED Mar 12, 2007 8:00 am Secretary of State

03-12-2007 90373 026 \*\*\*150.00

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	03032007	Chg-P	CR2E03	4 (12/06)		
	4. FEI Number			<b>—</b>	oplied For	
	20-2251			8.75 Add	ot Applicable	
		of Status Desired	L. F	ee Require		
	7. Name and /	Address of New Re	gistered A	gent		
(	30 D N -					
9SS (1	2.O. Box Number	r is Not Acceptable	)			
F				Zip Code		
istered agent, or both, in the State of Florida. I am familiar with, and accept						
quired	when reinstating)		DATE			
	00 May Be ed to Fees					
	ADDITIONS/C	CHANGES TO OFFI	CERS AND I	DIRECTOR	S IN 11	
				Change	Addition	
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CITY-ST-ZIP PALM COAST, FL 32164 CITY-ST-ZIP TMF ☐ Delete DUE FERRARRA, JOHN JR. NAME STREET ADDRESS 4096 DIAMOND RIDGE VIEW STREET ADDRESS CITY-ST-ZIP COLORADO SPRINGS, CO 80918 CITY-ST-7/P TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.