

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000030058

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** DNA HURRICANE PROTECTION, INC.

**Current Principal Place of Business:**

3401 GOLF VIEW ROAD  
SEBRING, FL 33875

**New Principal Place of Business:**

3401 GOLFPVIEW ROAD  
SEBRING, FL 33875

**Current Mailing Address:**

3401 GOLF VIEW ROAD  
SEBRING, FL 33875

**New Mailing Address:**

3401 GOLFPVIEW ROAD  
SEBRING, FL 33875

**FEI Number:** 20-2494351

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUEST, JAMES M  
50 KINDRED STREET  
#303  
STUART, FL 34994 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:** PSTD  
**Name:** KELLY, AMBER D  
**Address:** 50 KINDRED STREET, SUITE 201  
**City-St-Zip:** STUART, FL 34994

**Title:** V  
**Name:** KELLY, DU'WAYNE P  
**Address:** 50 KINDRED STREET, SUITE 201  
**City-St-Zip:** STUART, FL 34994

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:** AMBER D KELLY

PSTD

04/25/2011

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

\_\_\_\_\_  
Date