

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000103426

1. Entity Name
HURRICANE REDI HOMES, INC.



Principal Place of Business
4253 SW HIGH MEADOW AVE.
PALM CITY, FL 34990

Mailing Address
4253 SW HIGH MEADOW AVE.
PALM CITY, FL 34990



01262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0329206
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITMIRE, JR., DRENNEN L ESQ.
248 ROYAL PALM WAY SUITE 501
PALM BEACH, FL 33480

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME POMA, FRANK
STREET ADDRESS 12212 RIVERBEND COURT
CITY- ST- ZIP PORT ST. LUCIE, FL 34984

TITLE D
NAME PURINO, ALBERT T
STREET ADDRESS 4396 SW LAPALOMA DRIVE
CITY- ST- ZIP PALM CITY, FL 34983

TITLE D
NAME LAGANA, ANTHONY
STREET ADDRESS 19 EAST HIGH POINT ROAD
CITY- ST- ZIP STUART, FL 34996

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000898360
04/25/08-80085-008 150.00

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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

ANTHONY LAGANA, DIR. 1/27/08 772 219/0414