


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000113720
 1. Entity Name
 HURRICANE SHIELD, INC.



Principal Place of Business Mailing Address
 580 FERN AVENUE NE 580 FERN AVENUE NE
 PALM BAY, FL 32907 PALM BAY, FL 32907

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 26-0124717	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MORAN, ELEANOR
 580 FERN AVENUE NE
 PALM BAY, FL 32907

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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 \$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

U00000798761
 01/30/08-80042-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEAVITT, PETER J 790 DAVENPORT STREET SE PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORAN, JOSEPH 580 FERN AVENUE NE PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORAN, ELEANOR 580 FERN AVENUE NE PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEAVITT, MAXINE L 790 DAVENPORT STREET SE PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Eleanor Moran 1-2408 768-8018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #