## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000043421

**Entity Name:** HURRICANE WATER SYSTEMS, INC.

**FILED** Apr 29, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1145 WHIPPOORWILL LN 5931 SEA GRASS LN NAPLES, FL 34105 NAPLES, FL 34116

**Current Mailing Address: New Mailing Address:** 

1145 WHIPPOORWILL LN 5931 SEA GRASS LN NAPLES, FL 34105 NAPLES, FL 34116

FEI Number: 20-5648824 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DELLECAVE, STEVEN F DELLECAVE, STEVEN F 1145 WHIPPOORWILL LN 5931 SEA GRASS LN NAPLES, FL 34105 NAPLES, FL 34116

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: 04/29/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

Name:

Address:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete Title: (X) Change ( ) Addition DELLECAVE, STEVEN F DELLECAVE, STEVEN F Name: 1145 WHIPPOORWILL LN 5931 SEA GRASS LN Address: NAPLES, FL 34116 US City-St-Zip: NAPLES, FL 34105 City-St-Zip:

VΡ Title: VΡ (X) Change ( ) Addition Title: () Delete

Name: SCHERER, FRANK J Name: SCHERER, FRANK J 1145 WHIPPOORWILL LN 5931 SEA GRASS LN Address: Address: NAPLES, FL 34105 US NAPLES, FL 34116 US City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: SEC ( ) Delete SEC

BRANDT, DARWIN BRANDT, DARWIN Name: Name: 1145 WHIPPOORWILL LN 5931 SEA GRASS LN Address: Address: City-St-Zip: NAPLES, FL 34105 US City-St-Zip: NAPLES, FL 34116 US

Title: () Delete Title: (X) Change ( ) Addition

CLAPPER, BRIDGID CLAPPER, BRIDGID Name: Name: Address: 1145 WHIPPOORWILL LN Address: 5931 SEA GRASS LN City-St-Zip: NAPLES, FL 34105 US City-St-Zip: NAPLES, FL 34116 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN F. DELLECAVE D 04/29/2008