

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90061 012 ***150.00

DOCUMENT # P06000072012

1. Entity Name
HURRICANE ALLEY INC



Principal Place of Business

2253 VISTA PARKWAY
#9
WEST PALM BEACH, FL 33411 US

Mailing Address

2253 VISTA PARKWAY
#9
WEST PALM BEACH, FL 33411 US

2. Principal Place of Business - No P.O. Box #
4968 NW Flintstone Ave
Suite, Apt. #, etc.

3. Mailing Address
4968 NW Flintstone Ave
Suite, Apt. #, etc.



04022007 Chg-P CR2E034 (12/06)

City & State
Port St. Lucie, FL

City & State
Port St. Lucie, FL

4. FEI Number
20-4953674

Applied For
Not Applicable

Zip
34983

Country
St. Lucie

Zip
34983

Country
St. Lucie

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAINES, ERIC S
4968 NW FLINTSTONE AVENUE
PORT ST. LUCIE, FL 34983

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 4/2/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HAINES, ERIC S
4968 NW FLINTSTONE AVENUE
PORT ST. LUCIE, FL 34983 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
RUFFA, DOMENIC J SR.
715 BRIGGS STREET
WEST PALM BEACH, FL 33405 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
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☐ Change ☐ Addition

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

Date

Daytime Phone #