

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90029 007 ***150.00

DOCUMENT # P06000087112

1. Entity Name
HURRICANE SUPPLY INC.



Principal Place of Business
2100 CONSTITUTION BLVD.
SARASOTA, FL 34231

Mailing Address
2100 CONSTITUTION BLVD.
SARASOTA, FL 34231

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1810 Shelburne Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota FL

Zip

Country

Zip

Country

34231

Sarasota

04212008

Chg-P

CR2E034 (12/06)

4. FEI Number
20-5121650

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EULERT, GARY P
2100 CONSTITUTION BLVD.
SARASOTA, FL 34231

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 file if applicable

(NOTE: Registered Agent signature required when relistaring)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME EULERT, GARY P
STREET ADDRESS 1810 SHELburne Lane
CITY-ST-ZIP SARASOTA, FL 34231

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

Gary P. Eulert Gary P. Eulert

Date

Signature Phone #

4/21/08 927-2274