

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/3/2008-90005-038-\$150.00-\$150.00

<b>DOCUMENT # P07000051947</b> 1. Entity Name <b>HURRICANE ROOF STRAP COMPANY, INCORPORATED</b>				 <div style="text-align: right;"> <b>FILED</b>  <b>08 SEP 24 PM 2:13</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>	
Principal Place of Business <b>5360 FLORIDA PALM AVENUE</b> <b>COCOA FL 32927</b>		Mailing Address <b>5360 FLORIDA PALM AVENUE</b> <b>COCOA FL 32927</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 2nd MOORE CR2E034 (4/08)	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WOODS, KEN</b> <b>5360 FLORIDA PALM AVENUE</b> <b>COCOA FL 32927</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 3, 2008</b> <b>Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 <input type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODS, KEN 5360 FLORIDA PALM AVENUE COCOA FL 32927	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOODS, ANNA 5360 FLORIDA PALM AVENUE COCOA FL 32927	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, KENNY L 12212 STILL GLEN TRAIL FT WORTH TX 76028	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, PENNY J 718 WHITE PINE AVENUE ROCKLEDGE FL 32955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <b>8/28/08</b> 321-653-8239 <small>Daytime Phone #</small>					