

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000051947

FILED
Apr 06, 2009
Secretary of State

Entity Name: HURRICANE ROOF STRAP COMPANY, INCORPORATED

Current Principal Place of Business:

5360 FLORIDA PALM AVENUE
COCOA, FL 32927

New Principal Place of Business:

Current Mailing Address:

5360 FLORIDA PALM AVENUE
COCOA, FL 32927

New Mailing Address:

FEI Number: 45-0570303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODS, KEN
5360 FLORIDA PALM AVENUE
COCOA, FL 32927 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOODS, KEN
Address: 5360 FLORIDA PALM AVENUE
City-St-Zip: COCOA, FL 32927

Title: ST () Delete
Name: WOODS, ANNA
Address: 5360 FLORIDA PALM AVENUE
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: WOODS, KENNY L
Address: 12212 STILL GLEN TRAIL
City-St-Zip: FT WORTH, TX 76028

Title: D () Delete
Name: WOODS, PENNY J
Address: 718 WHITE PINE AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KEN WOODS

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date