

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000054215

FILED  
May 01, 2008  
Secretary of State

Entity Name: THE HURRICANE STOPS HERE, INC.

## Current Principal Place of Business:

3229 49TH STREET NORTH  
ST PETERSBURG, FL 33710

## New Principal Place of Business:

## Current Mailing Address:

3229 49TH STREET NORTH  
ST PETERSBURG, FL 33710

## New Mailing Address:

4666 29TH AVENUE NORTH  
ST PETERSBURG, FL 33713

FEI Number: 20-8992244

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARVALIS, BETTY JO  
4666 29TH AVE NORTH  
ST PETERSBURG, FL 33713 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: CARVALIS, BETTY JO  
Address: 4666 29TH STREET NORTH  
City-St-Zip: ST PETERSBURG, FL 33710

Title: D ( ) Delete  
Name: CARVALIS, RIC  
Address: 4666 29TH STREET NORTH  
City-St-Zip: ST PETERSBURG, FL 33710

Title: V ( ) Delete  
Name: CARVALIS, ALYCIA  
Address: 4666 29TH STREET NORTH  
City-St-Zip: ST PETERSBURG, FL 33710

Title: S ( ) Delete  
Name: OSBORN, HOMER JR  
Address: 4666 29TH STREET NORTH  
City-St-Zip: ST PETERSBURG, FL 33710

## 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: BETTY JO CARVALIS

DPT

05/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date