

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90230 023 ***158.75

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01092006 Chg-P CR2E034 (11/05)

DOCUMENT # P93000084954 1. Entity Name HURRICANE GLASS SHIELD, INC.					
Principal Place of Business 4123 CLARK ROAD STE 26 SARASOTA, FL 34233 US			Mailing Address 4123 CLARK ROAD STE 26 SARASOTA, FL 34233 US		
2. Principal Place of Business 4123 Clark Rd Suite, Apt. #, etc.		3. Mailing Address 4123 Clark Rd Suite, Apt. #, etc.		4. FEI Number 65-0459116 Applied For <input type="checkbox"/> Not Applicable	
City & State SARASOTA Zip FI Country 34233		City & State SARASOTA Zip FI Country 34233			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MILLARD, KEVIN C 8317 EAGLE LAKE DR #5 SARASOTA, FL 34241	
7. Name and Address of New Registered Agent Name Kevin C. Millard Street Address (P.O. Box Number is Not Acceptable) 8317 Eagle Lake Drive City SARASOTA FL Zip Code 34241					
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 Kevin C. Millard DATE 1-8-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	D MILLARD, KEVIN C 8858 MISTY CREEK DRIVE SARASOTA, FL 34241	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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:			1-8-05 941-921-0844 <small>Date Daytime Phone #</small>		