

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000017087

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA HURRICANE PRODUCTS, INC.

**Current Principal Place of Business:**

11377 GENTER DRIVE  
SPRING HILL, FL 34609

**New Principal Place of Business:**

16125 SHADY HILLS ROAD  
SPRING HILL, FL 34610

**Current Mailing Address:**

11377 GENTER DRIVE  
SPRING HILL, FL 34609

**New Mailing Address:**

16125 SHADY HILLS ROAD  
SPRING HILL, FL 34610

**FEI Number:** 59-3234163

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMILEY, STEVE E  
11377 GENTER DRIVE  
SPRING HILL, FL 34609 US

**Name and Address of New Registered Agent:**

SMILEY, STEVE E  
14312 TEASDALE AVE  
HUDSON, FL 34667 US

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: STEVEN E. SMILEY

02/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SMILEY, STEVE E  
Address: 14312 TEASDALE AVE  
City-St-Zip: HUDSON, FL 34667

Title: SEC  
Name: SMILEY, SHERRY  
Address: 11377 GENTER DRIVE  
City-St-Zip: SPRING HILL, FL 34609

Title: VP  
Name: APPLEBEE, THOMAS D  
Address: 11392 AMBOY STREET  
City-St-Zip: SPRING HILL, FL 34609

I hereby 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 all other like empowered.

SIGNATURE: STEVEN E. SMILEY

PRES

02/22/2012

Electronic Signature of Signing Officer or Director

Date