

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90120 002 \*\*\*158.75

<b>DOCUMENT # P96000007426</b> 1. Entity Name FLORIDA HURRICANE PROTECTION INC.			
Principal Place of Business 129 NE 3RD ROAD HOMESTEAD, FL 33033 US		Mailing Address 129NE 3RD ROAD HOMESTEAD, FL 33033 US	
2. Principal Place of Business 237 21 SW 133 Ave Suite, Apt. #, etc.		3. Mailing Address PO Box 700005 Suite, Apt. #, etc.	
City & State Miami, FL Zip 33032 Country USA		City & State Miami, FL Zip 33170-0005 Country USA	
4. FEI Number 65-0650069		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		02092005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  COURNOYER, ROBERT 13202 S W 204 ST. MIAMI, FL 33177		7. Name and Address of New Registered Agent Name: Cournoyer, Robert Street Address (P.O. Box Number is Not Acceptable): 23717 SW 133 Ave City: Miami FL Zip Code: 33032	
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: <u>Robert Cournoyer</u> (NOTE: Registered Agent signature required when reappointing) DATE: <u>2/10/05</u>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORUNOYER, ROBERT 13202 S W 204 ST MIAMI, FL 33177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Cournoyer, Robert 23717 SW 133 Ave Miami, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHN, CARRUTHERS 771 SW 70 WAY NORTH LAUDERALE, FL 33068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD John Carruthers 771 SW 70 Way N. Lauderdale, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Cournoyer, Wendy 23717 SW 133 Ave Miami, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Robert Cournoyer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/10/05 (305)2458300 <small>Date Daytime Phone #</small>	