


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000055700 1. Entity Name HURRICANE SEAFOOD INC.	
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Principal Place of Business 1599 NE 46 CIR HIGH SPRINGS, FL 32643 US	Mailing Address 1599 NE 46 CIR HIGH SPRINGS, FL 32643 US
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04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3386848	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WENDT, WILLIAM R
1599 NE 46 CIR
HIGH SPRINGS, FL 32643**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WENDT, WILLIAM R
STREET ADDRESS	1599 NE 46 CIR
CITY-ST-ZIP	HIGH SPRINGS, FL
TITLE	D
NAME	WENDT, SHARI
STREET ADDRESS	1599 NE 46 CIR
CITY-ST-ZIP	HIGH SPRINGS, FL
TITLE	D
NAME	MACNIVEN, STUART
STREET ADDRESS	6526 SW 129 AVE
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000135621
04/28/04-80067-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William R. Wendt 4/28/04 386-454-5637
Date Daytime Phone #