


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90048 007 ***150.00

DOCUMENT # P96000102749

1. Entity Name
HERRICANE CONSTRUCTION CLEANUP, INC.



Principal Place of Business Mailing Address

**1474 GLENCOVE AVENUE N.W.
 PALM BAY FL 32907** **1474 GLENCOVE AVENUE N.W.
 PALM BAY FL 32907**

2. Principal Place of Business 3. Mailing Address

8342 SYLVAN DRIVE **8342 SYLVAN DRIVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

MEIBOURNE, FLORIDA **MEIBOURNE, FLORIDA**

Zip Country Zip Country

32904 **USA** **32904** **USA**

94015744



MOORE CR2E034 (11/03)

4. FEI Number **59-3426661** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KONECSNY, LINDA L
 1474 GLENCOVE AVENUE N.W.
 PALM BAY FL 32907**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 ~~Linda L. Konecsny, President~~ **Linda L. Konecsny President** **2/16/04**

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	KONECSNY, LINDA L	
STREET ADDRESS	1474 GLENCOVE AVENUE N.W.	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KONECSNY, MIKE G	
STREET ADDRESS	1474 GLENCOVE AVENUE N.W.	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8342 SYLVAN DRIVE	
CITY-ST-ZIP	MEIBOURNE, FL. 32904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8342 SYLVAN DRIVE	
CITY-ST-ZIP	MEIBOURNE, FL. 32904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Linda L. Konecsny** **LINDA L. KONECSNY** **2/16/04** **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **321/981-300**