

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90145 001 ***150.00

DOCUMENT # P97000064718

1. Entity Name
HURRICANE SAFETY GAMES, INC.



Principal Place of Business
**15 HILLBROOK WAY
PENSACOLA, FL 32503**

Mailing Address
**15 HILLBROOK WAY
PENSACOLA, FL 32503**

50063827



08222005 No Chg-P. CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTENS, DUDLEY
15 HILLBROOK WAY
PENSACOLA, FL 32503**

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

(NOTE: Registered Agent signature required when reinstating)

8/23/05
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MARTENS, DUDLEY**
STREET ADDRESS **15 HILLBROOK WAY**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **DV**
NAME **BURKE, DANIEL H**
STREET ADDRESS **15 HILLBROOK WAY**
CITY-ST-ZIP **PENSACOLA, FL 32503**

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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)(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: *Dudley Martens* *Dudley Martens* 8/23/05 850/434-5929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #