

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000074494

1. Entity Name

HURRICANE PROTECTION INDUSTRIES, INC.



Principal Place of Business

12040 MIRAMAR PARKWAY
MIRAMAR FL 33025
US

Mailing Address

12040 MIRAMAR PARKWAY
MIRAMAR FL 33025
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LEWIS, HAROLD L
ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD., SUITE 2400
MIAMI FL 33131

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

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 P ☐ Delete
NAME KIBLER, LAWRENCE L.
STREET ADDRESS 3440 NW 73RD AVENUE
CITY-ST-ZIP MIAMI FL 33122

TITLE S ☐ Delete
NAME KIPNIS, DONALD J.
STREET ADDRESS 3440 NW 73RD AVENUE
CITY-ST-ZIP MIAMI FL 33122

TITLE CT ☐ Delete
NAME ROBINSON, JEFFREY T.
STREET ADDRESS 3440 NW 73RD AVENUE
CITY-ST-ZIP MIAMI FL 33122

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000041536
CITY-ST-ZIP 02/09/04-80093-014 158.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

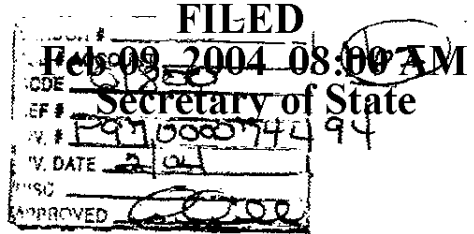
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:

LEWIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



MOORE

CR2E034 (11/03)

4. FEI Number 65-0783812

Applied For
Not Applicable

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