

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000007610

FILED  
Apr 13, 2004  
Secretary of State

Entity Name: DAVIDSON HURRICANE PROTECTION, INC.

## Current Principal Place of Business:

3610 NW 118TH AVENUE  
#2  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

## Current Mailing Address:

3610 NW 118TH AVENUE  
#2  
CORAL SPRINGS, FL 33065

## New Mailing Address:

FEI Number: 65-0894951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIDSON, THOMAS D  
5606 NW 117TH AVE  
CORAL SPRINGS, FL 33076 US

## Name and Address of New Registered Agent:

DAVIDSON, THOMAS D  
3610 NW 118TH AVENUE #2  
CORAL SPRINGS, FL 33065 US

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.

SIGNATURE:

04/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DAVIDSON, THOMAS D  
Address: 5606 NW 117TH AVE.  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: S ( ) Delete  
Name: DAVIDSON, SHIRLEY  
Address: 5606 NW 117TH AVE  
City-St-Zip: CORAL SPRINGS, FL 33076

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DAVIDSON, THOMAS D  
Address: 3610 NW 118TH AVENUE #2  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S (X) Change ( ) Addition  
Name: DAVIDSON, SHIRLEY  
Address: 3610 NW 118TH AVENUE #2  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS D. DAVIDSON

P

04/13/2004

Electronic Signature of Signing Officer or Director

Date