

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90283 011 \*\*\*158.75

<b>DOCUMENT # P99000018240</b> 1. Entity Name <b>HURRICANE HOLE, INC.</b>					
Principal Place of Business <b>8705 PERIMETER PARK BLVD. STE. 8 JACKSONVILLE, FL 32216</b>			Mailing Address <b>8705 PERIMETER PARK BLVD. STE. 8 JACKSONVILLE, FL 32216</b>		
2. Principal Place of Business <b>8711 PERIMETER PARK BLVD.</b>		3. Mailing Address <b>8711 PERIMETER PARK BLVD.</b>			
Suite, Apt. #, etc. <b>SUITE 11</b>		Suite, Apt. #, etc. <b>SUITE 11</b>		04142004    Chg-P    CR2E034 (10/03)	
City & State <b>JACKSONVILLE, FL</b>		City & State <b>JACKSONVILLE, FL</b>		4. FEI Number <b>59-3562584</b>	
Zip    Country <b>32216    USA</b>		Zip    Country <b>32216    USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARTLETT &amp; DEAL, P.A. 135 PROFESSIONAL DR #101 PONTE VEDRA BEACH, FL 32082</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FORT, DONALD C</b> <b>8705 PERIMETER PARK BLVD. STE. 8</b> <b>JACKSONVILLE, FL 32216</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ROSENBLUM, FRANK</b> <b>8705-8 PERIMETER PARK BLVD</b> <b>JACKSONVILLE, FL 32216</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>TYE, GAIL D</b> <b>8705 - 8 PERIMETER PARK BLVD</b> <b>JACKSONVILLE, FL 32216</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FORT, DONALD C.</b> <b>8711-11 PERIMETER PARK BLVD.</b> <b>JACKSONVILLE, FL 32216</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ROSENBLUM, FRANK</b> <b>8711-11 PERIMETER PARK BLVD.</b> <b>JACKSONVILLE, FL 32216</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>TYE, GAIL D.</b> <b>8711-11 PERIMETER PARK BLVD.</b> <b>JACKSONVILLE, FL 32216</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <i>Gail D. Tye</i>			4/14/04    (904) 641-0018		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					