

2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

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Mar 28, 2005 8:00 am **Secretary of State DOCUMENT # P99000018240** 03-28-2005 90075 019 ***158.75 1. Entity Name HURRICANE HOLE, INC. Principal Place of Business Mailing Address 8711 PERIMETER PARK BLVD. STE. 11 8711 PERIMETER PARK BLVD. STE. 11 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 50031232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3562584 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Donald C. Fort BARTLETT & DEAL, P.A. Street Address (P.O. Box Number is Not Acceptable) 8711-11 Perimeter Park Blvd 135 PROFESSIONAL DR #101 PONTE VEDRA BEACH, FL 32082 City Jacksonville Zig Code 6 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 ager SIGNATURE Signature, typed or popted name of registered agent and title if emplicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition FORT, DONALD C NAME NAME STREET ADDRESS 8711 PERIMETER PARK BLVD. STE, 11 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME ROSENBLUM, FRANK NAME 8711 PERIMETER PARK BLVD. STE. 11 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216 CITY-ST-ZIP TITLE ☐ Delete TITLE VP, SEC, TRES ☐ Addition TYE, GAIL D NAME TYE, GAIL D. STREET ADDRESS 8711 PERIMETER PARK BLVD. STE. 11 STREET ADDRESS 8711 PERIMETER PARK BLVD., CITY-ST-ZIP JACKSONVILLE, FL 32216 CITY-ST-7IP <u>JACKSONVILLE, FL 32216</u> TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 attac

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