


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90335 025 \*\*\*150.00

**DOCUMENT # V60017**  
 1. Entity Name  
**HURRICANE ELECTRIC COMPANY, INC.**



Principal Place of Business  
**10815 SW 52ND DR**  
**MIAMI, FL 33165**

Mailing Address  
**10815 SW 52ND DR**  
**MIAMI, FL 33165**

00010006



04062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business  
**13095 ne 44th ct.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**13095 ne 44 ct.**  
 Suite, Apt. #, etc.

City & State  
**Anthony FL**

City & State  
**Anthony FL**

Zip  
**32617**

Country  
**Marion**

4. FEI Number  
**65-0354251**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DUBOSE, PETER M.**  
**10815 SW 52ND DR**  
**MIAMI, FL 33165**

7. Name and Address of New Registered Agent  
 Name  
**DuBose Peter M**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13095 ne 44th ct.**  
 City  
**Anthony** **FL** Zip Code  
**32617**

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: *Peter DuBose* **4-6-06**  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DUBOSE, PETER M.	
STREET ADDRESS	10815 SW 52ND DR	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUBOSE, JUDY	
STREET ADDRESS	10815 SW 52ND DR	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DuBose Peter M	
STREET ADDRESS	13095 ne 44 ct	
CITY-ST-ZIP	Anthony FL 32617	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DuBose Judy	
STREET ADDRESS	13095 ne 44 ct	
CITY-ST-ZIP	Anthony FL 32617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Peter DuBose* **Peter DuBose** **4-6-06** **352-438-4661**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #