


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90001 036 \*\*\*150.00

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



Principal Place of Business 13095 NE 44TH CT ANTHONY, FL 32617	Mailing Address 13095 NE 44TH CT ANTHONY, FL 32617
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**DO NOT WRITE IN THIS SPACE**

40052000



02162008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0354251	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

DUBOSE, PETER M.  
 13095 NE 44TH CT  
 ANTHONY, FL 32617

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUBOSE, PETER M. 13095 NE 44TH CT TAMPA, FL 32617 <i>Anthony FL 32617</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUBOSE, JUDY 13095 NE 44TH CT ANTHONY, FL 32617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 President* 2-18-08 352-598-3900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #