

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000131806

Entity Name: HURRICANE PASS, INC.

Current Principal Place of Business:

856 MICHIGAN AVE
PALM HARBOR, FL 34683

Current Mailing Address:

PO BOX 640
OZONA, FL 34660

FEI Number: 20-3571744

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCKEEVER, JAMES T
856 MICHIGAN AVE
PALM HARBOR, FL 34683 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PS
Name MCKEEVER, JAMES T
Address 856 MICHIGAN AVE
City-State-Zip: PALM HARBOR FL 34683

Title VT
Name MCKEEVER, CAMERON
Address 856 MICHIGAN AVE
City-State-Zip: PALM HARBOR FL 34683

I hereby 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 all other like empowered.

SIGNATURE: JAMES MCKEEVER

PRESIDENT

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date