


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 330298**  
 1. Entity Name  
**ZURLA TRUCKING COMPANY INC**



Principal Place of Business      Mailing Address  
 1841 ORTIZ AVENUE      P.O. BOX 50643  
 TICE, FL 33905      TICE, FL 33905

**DO NOT WRITE IN THIS SPACE**



04202004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-1263905</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
 WALSH, MARIA  
 2209 ARDEN ST  
 FT MYERS, FL 33907

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, MARIA 2209 ARDEN ST FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, VERA ANGELA 11950 HONEYSUCKLE RD FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, STEVEN B 2209 ARDEN ST FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/30/04-30007-020 158.75

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.

**SIGNATURE:** Maria Walsh      4-28-04      239-332 0453  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
 MARIA WALSH      239-9366859