

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 330298

FILED
Apr 18, 2007
Secretary of State

Entity Name: ZURLA TRUCKING COMPANY INC

Current Principal Place of Business:

1841 ORTIZ AVENUE
TICE, FL 33905

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 50643
TICE, FL 33905

New Mailing Address:

FEI Number: 59-1263905 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALSH, MARIA
2209 ARDEN ST
FT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALSH, MARIA
Address: 2209 ARDEN ST
City-St-Zip: FT MYERS, FL

Title: D () Delete
Name: BELL, VERA ANGELA
Address: 11950 HONEYSUCKLE RD
City-St-Zip: FT MYERS, FL

Title: D () Delete
Name: WALSH, STEVEN B
Address: 2209 ARDEN ST
City-St-Zip: FT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIA WALSH

D

04/18/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date