

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 128678

**Entity Name:** ZURWELLE-WHITTAKER INC

**Current Principal Place of Business:**

1140 WEST 50 STREET  
SUITE 307  
HIALEAH, FL 33012

**Current Mailing Address:**

1140 WEST 50 STREET  
SUITE 307  
HIALEAH, FL 33012 US

**FEI Number:** 59-0519990

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MARTINEZ, EDDIE A  
1140 WEST 50 STREET  
SUITE 307  
HIALEAH, FL 33012 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 PD  
Name MARTINEZ, EDDIE A  
Address 1140 WEST 50 STREET, SUITE 307  
City-State-Zip: HIALEAH FL 33012

Title V  
Name MADSON, T.S. II  
Address 1140 WEST 50 STREET, SUITE 307  
City-State-Zip: HIALEAH FL 33012

Title V  
Name JOHNSON, JOHN J  
Address 1140 WEST 50 STREET, SUITE 307  
City-State-Zip: HIALEAH FL 33012

Title VPD  
Name MARTINEZ, MARIA C  
Address 1140 WEST 50 STREET, SUITE 307  
City-State-Zip: HIALEAH FL 33012

Title CFO  
Name MARTINEZ, MARIA C  
Address 1140 WEST 50 STREET, SUITE 307  
City-State-Zip: HIALEAH FL 33012

Title SURVEY DIRECTOR  
Name CAREAGA, JUAN C  
Address 1140 WEST 50 STREET  
SUITE 307  
City-State-Zip: HIALEAH FL 33012

*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:** EDDIE MARTINEZ

**PRESIDENT**

**01/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date