

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90303 011 \*\*\*150.00

**DOCUMENT # K53273**

1. Entity Name  
**HURLEY ENTERPRISES, INC.**



Principal Place of Business  
**P O BOX 7  
BALM, FL 33503-7007**

Mailing Address  
**P O BOX 7  
BALM, FL 33503-7007**

**94049290**



03232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2924127</b>	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**

**TRINKLE, ROBERT S  
121 NORTH COLLINS ST.  
PLANT CITY, FL 33566**

**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 reinstating)

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	PD HURLEY, THOMAS F 12104 HWY 672E (BALM RD) BALM, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZEMBO, MARLENE 6617 SIMMONS LOOP RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HURLEY, STEPHEN M 12104 HWY 672 E POB 7 BALM, FL 33503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTOPHER B. HURLEY 11901 EAST BAY RD. GIBSONTON, FL 33534
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/7/04** 813 634-1486  
Date Daytime Phone #