

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90031 004 ***150.00

50007373



03102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2924127

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HURLEY, THOMAS F
STREET ADDRESS	12104 HWY 672E (BALM RD) 2399 NE C/R 138
CITY-ST-ZIP	BALM, FL BRANFORD, FL 32008
TITLE	SD
NAME	ZEMBO, MARLENE
STREET ADDRESS	6647 SIMMONS LOOP
CITY-ST-ZIP	RIVERVIEW, FL 33669
TITLE	V
NAME	HURLEY, STEPHEN M
STREET ADDRESS	12104 HWY 672E (BALM RD) 2399 N.E. C/R 138
CITY-ST-ZIP	BALM, FL 33503 BRANFORD, FL 32008
TITLE	VP
NAME	HURLEY, CHRISTOPHER B
STREET ADDRESS	44001 EAST BAY RD. 2399 N.E. C/R 138
CITY-ST-ZIP	GIBSONTON, FL 33534 BRANFORD, FL 32008
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 exemptions contained 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 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: Thomas F. Hurley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06 813 924-9743
Date Daytime Phone #