

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # K53273

1. Entity Name
HURLEY ENTERPRISES, INC.



Principal Place of Business
**2399 NE CR 138
BRANFORD, FL 32008**

Mailing Address
**2399 NE CR 138
BRANFORD, FL 32008**

FILED

2006 AUG 21 AM 11:30



BRANFORD, FLORIDA

08172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HURLEY, THOMAS F	
STREET ADDRESS	2399 NE CR 138	
CITY-ST-ZIP	BRANFORD, FL 32008	
TITLE	V	<input type="checkbox"/> Delete
NAME	HURLEY, STEPHEN M	
STREET ADDRESS	2399 NE CR 138	
CITY-ST-ZIP	BRANFORD, FL 32008	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HURLEY, CHRISTOPHER B	
STREET ADDRESS	2399 NE CR 138	
CITY-ST-ZIP	BRANFORD, FL 32008	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CORPORATION SECRETARY-DIRECT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARLENE ZEMBO	
STREET ADDRESS	6617-SIMMONS LOOP	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Marlene Zembo* - MARLENE ZEMBO 8-17-2006 454-0905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #