2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 18, 2008 08:00 A Secretary of State **DOCUMENT # P03000012418** HURLEY CREEK TOWNHOMES, INC. Principal Place of Business Mailing Address 1721 S KINGS AVE 1721 S KINGS AVE BRANDON, FL 33511 BRANDON, FL 33511 No Chg-P CR2E034 (11/05) 04042008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0549681 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CHADWELL, ROBERT DO NOT WRITE 4008 VALRICO GROVE DR VALRICO, FL 33594 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) U00000905655 05/01/08-80063-001 ISO.00 9. Election Campaign Financing \$5.00 May Be FILE NOWII FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME CHADWELL, MICHAEL 401 CITRUS WOOD LANE STREET ADDRESS CITY-ST-ZIP VALRICO, FL 33594 TOLE CHADWELL, ROBERT NAME STREET ADDRESS 4008 VALRICO GROVE DRIVE CITY-ST-ZIP VALRICO, FL 33594 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

NAME : STREET ADDRESS CITY-ST-ZIP

SIGNATURE:	حسسم	· ~	Michael	Chadwell	4-4-08	813-654-2881 x201
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	; Daysime Phone #	