

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-12-2004 90303 010 ***150.00

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1. Entity Name
HURLEY TAILWATER RESOURCE RECOVERY, INC.



Principal Place of Business
**14520 BALM RIVERVIEW RD
RIVERVIEW, FL 33569**

Mailing Address
**P.O. BOX 7
BALM, FL 33503**

DO NOT WRITE IN THIS SPACE

03232004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3534625

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HURLEY, THOMAS F
12104 HWY. 672 E.
BALM, FL 33569**

**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	D
NAME	HURLEY, THOMAS F
STREET ADDRESS	12104 HWY. 672 E.
CITY-ST-ZIP	BALM, FL 33569
TITLE	VP
NAME	HURLEY, STEPHEN M
STREET ADDRESS	12104 HWY 672-E PO B7
CITY-ST-ZIP	BALM, FL 33503
TITLE	SD
NAME	ZEMBO, MARLENE
STREET ADDRESS	6617 SIMMONS LOOP
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	VP
NAME	CHRISTOPHER B. HURLEY
STREET ADDRESS	11901 EAST BAY RD.
CITY-ST-ZIP	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: Thomas F Hurley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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