


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000074771 1. Entity Name HURLEY TAILWATER RESOURCE RECOVERY, INC.	
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Principal Place of Business 14520 BALM RIVERVIEW RD RIVERVIEW, FL 33569	Mailing Address P.O. BOX 7 BALM, FL 33503
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04142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3534625	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HURLEY, THOMAS F 12104 HWY. 672 E. BALM, FL 33569
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HURLEY, THOMAS F 12104 HWY. 672 E. BALM, FL 33569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HURLEY, STEPHEN M 12104 HWY 672-E PO B7 BALM, FL 33503
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ZEMBO, MARLENE 6617 SIMMONS LOOP RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HURLEY, CHRISTOPHER B 11901 EAST BAY RD GIBSONTON, FL 33534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000322648 04/22/05-80022-007 150.00 DO NOT WRITE IN THIS SPACE
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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: Marlene Zembo MARLENE ZEMBO 4-19-05 813 634-1486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #