



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90058 031 \*\*\*150.00

<b>DOCUMENT # P98000074771</b>					
<b>1. Entity Name</b> <b>HURLEY TAILWATER RESOURCE RECOVERY, INC.</b>					
<b>Principal Place of Business</b> 2399 NE C.R. 138 BRANFORD, FL 32008 US			<b>Mailing Address</b> 2399 NE C.R. 138 BRANFORD, FL 32008 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4000 	
<b>4. FEI Number</b> 59-3534625				04042007    Chg-P    CR2E034 (12/06)	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HURLEY, THOMAS F 2399 NW CR 138 BRANFORD, FL 32008			Name <b>MARLENE D. ZEMBO - PRES.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2399 NE C/R 138 - BUSINESS</b> City <b>BRANFORD</b> FL Zip Code <b>32008</b>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HURLEY, THOMAS F 2399 NE CR 138 BRANFORD, FL 32008 <b>DECEASED 8-20-06</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HURLEY, STEPHEN M 2399 NE CR 138 BRANFORD, FL 32008		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HURLEY, CHRISTOPHER B 2399 NE CR 138 BRANFORD, FL 32008		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CS ZEMBO, MARLENE 6617 SIMMONS LOOP RIVERVIEW, FL 33569		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDSP + TRUSTEE MARLENE D. ZEMBO 6617 SIMMONS LOOP (RESIDENCE) RIVERVIEW, FL 33569	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Marlene D. Zembo</i>			Date <b>4-11-07</b> Daytime Phone # <b>386 454-0905</b>		