

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 207625

FILED  
Mar 17, 2011  
Secretary of State

Entity Name: MURPHY FAMILY HOLDINGS, INC.

**Current Principal Place of Business:**

172 TRIPLET LAKE DRIVE  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 182214  
CASSELBERRY, FL 327182214

**New Mailing Address:**

172 TRIPLET LAKE DRIVE  
CASSELBERRY, FL 32707

FEI Number: 59-0818073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MURPHY, VINCENT R  
172 TRIPLET LAKE DRIVE  
CASSELBERRY, FL 32707 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MURPHY, GREGORY J  
Address: 172 TRIPLET LAKE DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

Title: VP  
Name: MURPHY, VINCENT R  
Address: 172 TRIPLET LAKE DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

Title: S  
Name: MURPHY, VINCENT R  
Address: 172 TRIPLET LAKE DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

Title: T  
Name: MURPHY, GREGORY J  
Address: 172 TRIPLET LAKE DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VINCENT R MURPHY

PD

03/17/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date