

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 815555

FILED  
Feb 05, 2007  
Secretary of State

Entity Name: MURPHREE BRIDGE CORPORATION

**Current Principal Place of Business:**

1627 COUNTY ROAD 1149  
TROY, AL 36079

**New Principal Place of Business:**

**Current Mailing Address:**

1627 COUNTY ROAD 1149  
TROY, AL 36079

**New Mailing Address:**

FEI Number: 63-0368729      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MURPHREE, FRANK HUNTER  
Address: 431 W COLLEGE ST  
City-St-Zip: TROY, AL 36081

Title: D ( ) Delete  
Name: CAMPBELL, KENNETH  
Address: 205 CROWE HILL RD  
City-St-Zip: TROY, AL 36081

Title: D ( ) Delete  
Name: CAMPBELL, WILLIAM E  
Address: 2826 BLINDJACK ROAD  
City-St-Zip: TROY, AL 36081

Title: TD ( ) Delete  
Name: SENN, MARY SUE  
Address: P O BOX 151 N/A  
City-St-Zip: BRUNDIDGE, AL 36010

Title: D ( ) Delete  
Name: MURPHREE, THOMAS W  
Address: 105 FOREST TERRACE  
City-St-Zip: TROY, AL 36081

Title: SD ( ) Delete  
Name: WILSON, JOHN J  
Address: 304 DOZIER DR.  
City-St-Zip: TROY, AL 36081

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CAMPBELL, KENNETH  
Address: P. O. BOX 1350  
City-St-Zip: TROY, AL 36081

Title: D (X) Change ( ) Addition  
Name: MURPHREE, EDWARD A  
Address: 105 FOREST TERRACE  
City-St-Zip: TROY, AL 36081

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY SUE SENN

TD

02/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date