

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002191

FILED
Jan 04, 2010
Secretary of State

Entity Name: TAYLOR AND MURPHY CONSTRUCTION COMPANY, INC.

Current Principal Place of Business:

1121 BREVARD ROAD
ASHVILLE, NC 28806

New Principal Place of Business:

1121 BREVARD ROAD
ASHEVILLE, NC 28806

Current Mailing Address:

PO BOX 6215
ASHEVILLE, NC 28816

New Mailing Address:

FEI Number: 56-0936343 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: CD
Name: MURPHY, KENNETH D
Address: 30 LAKE DRIVE
City-St-Zip: CANDLER, NC 28716

Title: D
Name: MURPHY, VERNA Y
Address: 30 LAKE DRIVE
City-St-Zip: CANDLER, NC 28715

Title: P
Name: LONG, MICHAEL F
Address: 1121 BREVARD ROAD
City-St-Zip: ASHEVILLE, NC 28806

Title: VP
Name: NEWMAN, WILLIAM M
Address: 1121 BREVARD ROAD
City-St-Zip: ASHEVILLE, NC 28806

Title: S
Name: MURPHY, VERNA Y
Address: 30 LAKE DRIVE
City-St-Zip: CANDLER, NC 28715

Title: T
Name: CROUSE, DAYL L
Address: 1121 BREVARD ROAD
City-St-Zip: ASHEVILLE, NC 28806

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: WILLIAM M. NEWMAN

VP

01/04/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date