


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000002005


1. Entity Name
MURRAY (UK) PLC, INC.



Principal Place of Business Mailing Address

1255 SEEDS AVENUE 1255 SEEDS AVENUE
 SARASOTA, FL 34237 US SARASOTA, FL 34237 US

DO NOT WRITE IN THIS SPACE



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 98-0160268 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, STEVE
 4420 BAYSHORE RD
 SARASOTA, FL 34234

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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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	MURRAY, JOHN P.S.
STREET ADDRESS	28 SHERWOOD DR
CITY-ST-ZIP	VERWOOD, DORSET, UK bh317bh
TITLE	VC
NAME	MURRAY, STEPHEN J
STREET ADDRESS	4420 BAYSHORE ROAD
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	D
NAME	MURRAY, GLYNIS
STREET ADDRESS	28 SHERWOOD DRIVE
CITY-ST-ZIP	VERWOOD, DORSET, UK bh317bh
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____