## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P02000002456 03-24-2004 90034 007 \*\*\*150.00 SDG MURPHY, INC. Principal Place of Business Mailing Address 298 SW PANTHER TRACE 298 SW PANTHER TRACE PORT ST. LUCIE, FL 34953 PORT ST. LUCIE, FL 34953 3. Mailing Address 2. Principal Place of Business 2400 SE Federal Hwy. 2849 SW 42nd Avenue Suite, Apt. #, etc Suite, Apt. #, etc. 02232004 Chg-P CR2E034 (10/03) Fourth Floor City & State 4. FEI Number Applied For Stuart, Florida Palm City. Florida Not Applicable 80-0037471 \$8.75 Additional Country 5. Certificate of Status Desired 34990 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Steven L. Perry Esq PERRY, STEVE Street Address (P.O. Box Number is Not Acceptable) 2400 SE Federal Hwy. 2400 SE GREENE HWY 4TH FL STUART, FL 34994 Stuart 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. Perry, Esq Steven (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE TITLE □ Delete Soverel, Bret 2049 SW 42nd Avenue SOVEREL, BRETT NAME NAME STREET ADDRESS 298 SW PANTHER TRACE STREET ADDRESS Palm City, Florida 34990 CITY-ST-7IP CITY-ST-ZIP PORT ST. LUCIE, FL 34953 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change - - Addition ☐ Delcte TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED

Mar 24, 2004 8:00 am