

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000054289

**Entity Name:** GORDON MURRAY NORTH AMERICA INC.

**Current Principal Place of Business:**

WHARFSIDE, BROADFORD PARK  
SHALFORD, SURREY GU4 8EP

**Current Mailing Address:**

WHARFSIDE, BROADFORD PARK  
SHALFORD, SURREY GU4 8EP GB

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN STREET, SUITE 4  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, TREASURER,  
                     SECRETARY, DIRECTOR  
Name            SOPP, MIKE  
Address        WHARFSIDE, BROADFORD PARK  
City-State-Zip: SHALFORD SURREY GU4 8EP

Title            DIRECTOR  
Name            MURRAY, IAN GORDON  
Address        WHARFSIDE, BROADFORD PARK  
City-State-Zip: SHALFORD SURREY GU4 8EP

Title            DIRECTOR  
Name            LEE, PHILLIP  
Address        WHARFSIDE, BROADFORD PARK  
City-State-Zip: SHALFORD SURREY GU4 8EP

*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:** MIKE SOPP

**PRESIDENT**

**04/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date