

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 124058

FILED  
Jan 27, 2004  
Secretary of State

Entity Name: MURPHEY CAPITAL, INC.

**Current Principal Place of Business:**

3208 W CHAPIN AVE  
TAMPA, FL 33611 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 18065  
TAMPA, FL 336798065

**New Mailing Address:**

FEI Number: 59-0402805

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MURPHEY, DAVID R III  
3208 W. CHAPIN AVE.  
TAMPA, FL 33611

**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: P ( ) Delete  
Name: MURPHEY, DAVID R III  
Address: 3208 W CHAPIN AVE  
City-St-Zip: TAMPA, FL 33611

Title: VP ( ) Delete  
Name: SNYDER, CAROLINE M  
Address: 3308 SIERRA CIRCLE  
City-St-Zip: TAMPA, FL 33629

Title: S ( ) Delete  
Name: BROWN, HELEN M  
Address: 3202 FAIROAKS AVE  
City-St-Zip: TAMPA, FL 33611

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

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

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

Title: S/T (X) Change ( ) Addition  
Name: BROWN, HELEN M  
Address: 3202 FAIROAKS AVE  
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HELEN M. BROWN

SEC.

01/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date