2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 184847

1. Entity Name
HOYT C. MURPHY INC. REALTORS

Principal Place of Business	Mailing Address
411 NORTH US 1 FORT PIERCE, FL 34950 US	411 NORTH US 1 FORT PIERCE, FL 34950 US

04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0826721
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TIERNEY, STEVE
C/O NEIL, GRIFFIN, JEFFRIES & LLOYD
311 S. 2ND STREET
FORT PIERCE, FL 34950

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MURPHY, HOYT C., JR
STREET ADDRESS	2400 S OCEAN DR 4200 D
CITY-ST-ZIP	FT. PIERCE, FL
TITLE	D
NAME	MURPHY, DOROTHY E
STREET ADDRESS	1124 COLONIAL RD
CITY-ST-ZIP	FORT PIERCE, FL
TITLE	S
NAME	MEES, MARY MARGARET
STREET ADDRESS	1709 SE BURGANDY LANE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	D
NAME	HALUSKA, MARGARET
STREET ADDRESS	5819 CLYDESDALE LANE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/18/06-80062-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Hoyt C. Murphy Jr 4/28/06 772-460-2085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #