2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 09, 2005 8:00 am **DOCUMENT #257053 Secretary of State** 1. Entity Name 02-09-2005 90037 003 ***150.00 MURPHY CHEVROLET CO. Principal Place of Business Mailing Address 1387 N. BROADWAY 1387 N. BROADWAY P.O. BOX 1359 P.O. BOX 1359 BARTOW, FL 33830 BARTOW, FL 33830 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302005 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-0973120 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURPHY.TIM 1387 N. BROADWAY Street Address (P.O. Box Number is Not Acceptable) BARTOW, FL 33830-0309 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition MURPHY, TIM NAME NAME STREET ADDRESS 1387 N. BROADWAY STREET ADDRESS CITY-ST-ZIP BARTOW, FL 00000. CITY-ST-ZIP TITLE **X** Defete TITLE ☐ Change Addition NAME MODRALL, ROBERT NAME 1387 N. BROADWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BARTOW, FL 00000. CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition MURPHY, COLIN NAME NAME 1387, N. BROADWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BARTOW, FL 00000. CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP IIILE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

SIGNATURE: TIM MURPHY Pros. 2/5/05-863-5336709