

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90005 028 ***150.00

DOCUMENT # 257053 1. Entity Name MURPHY CHEVROLET CO.					
Principal Place of Business 1387 N. BROADWAY P.O. BOX 1359 BARTOW, FL 33830			Mailing Address 1387 N. BROADWAY P.O. BOX 1359 BARTOW, FL 33830		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip			City & State Zip		
Country			Country		
4. FEI Number 59-0973120			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MURPHY, TIM 1387 N. BROADWAY BARTOW, FL 33830-0309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MURPHY, TIM 1387 N. BROADWAY BARTOW, FL 00000	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D MURPHY, MITCH 1387 N. BROADWAY BARTOW, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, COLIN 1387 N. BROADWAY BARTOW, FL 00000	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treas/D Jane Murphy 1387 N. Broadway Bartow, FL 33830	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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 employed.					
SIGNATURE: <i>Tim Murphy</i> 2/5/07 863-533-6709 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					