2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 466710

1. Entity Name
MURRAH, DOYLE AND WIGLE, P.A.

Principal Place of Business	Mailing Address
800 WEST MORSE BLVD. SUITE 1 WINTER PARK, FL 32789	P. O. BOX 1328 WINTER PARK, FL 32790

DO NOT WRITE IN THIS SPACE

01082007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1563049	Not Applicable

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

6. Name and Address of Current Registered Agent

MURRAH, KENNETH F.
1601 LEGION DRIVE
WINTER PARK, FL

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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 _____

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

TITLE	VD
NAME	DOYLE, PATRICK W, J D
STREET ADDRESS	748 MCINTYRE AVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	PD
NAME	MURRAH, KENNETH F, J D
STREET ADDRESS	1601 LEGION DRIVE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	TD
NAME	WIGLE, BRUCE
STREET ADDRESS	1422 CUMBIE AVE.
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/07-80056-003 150.00

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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: _Kenneth F. Murrah_ KENNETH F. MURRAH, Tad. 1, 2007 (407) 644-9801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #