

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 517354

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** THE MURPHY TRANSFER CO.

**Current Principal Place of Business:**

1615 CLARE AVE  
WEST PALM BCH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3768  
WEST PALM BEACH, FL 33402

**New Mailing Address:**

**FEI Number:** 59-1697541      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MURPHY, JOHN E  
1615 CLARE AVE  
WEST PALM BCH, FL 33401 US

**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

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: MURPHY, MARTIN E SR  
Address: 1615 CLARE AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: TSD  
Name: MARTINELLI, VICTOR  
Address: 1436 STONEHAVEN ESTATES DR  
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: PD  
Name: MURPHY, JOHN E  
Address: 1700 N. LAKESIDE DRIVE  
City-St-Zip: LAKE WORTH, FL 33460

Title: DAS  
Name: LETTENMAIER, LISA  
Address: 8689 OLDHAM WAY  
City-St-Zip: WEST PALM BEACH, FL 33412

I hereby 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 all other like empowered.

SIGNATURE: VICTOR MARTINELLI

TSD

01/05/2011

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

\_\_\_\_\_  
Date