


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2007 8:00 am
Secretary of State

06-01-2007 90002 011 ***550.00

DOCUMENT # 603095
 1. Entity Name
 WESTPHAL AND MURCHISON, P.A.



Principal Place of Business Mailing Address
 200 AVENUE K SE #4 200 AVENUE K SE #4
 WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880

401100-



DO NOT WRITE IN THIS SPACE

01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1362107	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 MURCHISON, DAVID W
 200 AVE K SE #4
 WINTER HAVEN, FL 33880

DO NOT WRITE IN THIS SPACE

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, 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 NAME STREET ADDRESS CITY - ST - ZIP	PD MURCHISON, DAVID W 200 AVE K. SE #4 WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST GIROUX, J. ANDREW 200 AVE K. SE #4 WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *David W Murchison* Date: 5-25-07 Daytime Phone #: 863 294 4484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #