
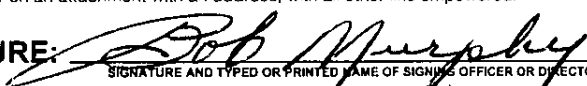


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 A
Secretary of State

DOCUMENT # 629001 1. Entity Name BOB MURPHY, INC.		
Principal Place of Business DELRAY DUNES G.C. BOYNTON BEACH, FL 33436	Mailing Address DELRAY DUNES G.C. BOYNTON BEACH, FL 33436	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MURPHY, BOB 11910 N. LAKE DR. DELRAY DUNES GOLF CLUB BOYNTON BCH., FL 33436		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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, BOB 12005 DUNES RD. BOYNTON BEACH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, GAIL 12005 DUNES RD. BOYNTON BEACH, FL	
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		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/8/08 561.737-7591 Date Daytime Phone #



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1936206	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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03/07/08-80002-014 150.00

**DO NOT WRITE
IN THIS SPACE**