

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 815555

FILED
Feb 04, 2009
Secretary of State

Entity Name: MURPHREE BRIDGE CORPORATION

Current Principal Place of Business:

1627 COUNTY ROAD 1149
TROY, AL 36079

New Principal Place of Business:

Current Mailing Address:

1627 COUNTY ROAD 1149
TROY, AL 36079

New Mailing Address:

FEI Number: 63-0368729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MURPHREE, FRANK HUNTER
Address: 431 W COLLEGE ST
City-St-Zip: TROY, AL 36081

Title: D () Delete
Name: CAMPBELL, KENNETH
Address: P. O. BOX 1350
City-St-Zip: TROY, AL 36081

Title: D () Delete
Name: MURPHREE, EDWARD A
Address: 105 FOREST TERRACE
City-St-Zip: TROY, AL 36081

Title: TD () Delete
Name: SENN, MARY SUE
Address: P O BOX 151 N/A
City-St-Zip: BRUNDIDGE, AL 36010

Title: D () Delete
Name: MURPHREE, THOMAS W
Address: 105 FOREST TERRACE
City-St-Zip: TROY, AL 36081

Title: SD () Delete
Name: WILSON, JOHN J
Address: 304 DOZIER DR.
City-St-Zip: TROY, AL 36081

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY SUE SENN

TR

02/04/2009

Electronic Signature of Signing Officer or Director

Date