


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 836379	
1. Entity Name MURPHY COMPANY MECHANICAL CONTRACTORS AND ENGINEERS	

Principal Place of Business 1233 N PRICE RD ST. LOUIS, MO 63132-9396	Mailing Address 1233 N PRICE RD ST. LOUIS, MO 63132-9396
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DO NOT WRITE IN THIS SPACE



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 43-0705361	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NATIONAL REGISTERED AGENTS, INC. 2731 EXECUTIVE PARK DR., STE. 4 WESTON, FL 33331

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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 _____ (NOTE: Registered Agent signature required when reinstating) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO KOESTER, ROBERT 1233 N. PRICE ROAD SAINT LOUIS, MO 63132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MURPHY, JAMES J 1233 N PRICE RD. SAINT LOUIS, MO 63132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, PATRICK 1233 N PRICE RD. SAINT LOUIS, MO 63132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT DECKER, KENT 1233 N. PRICE RD SAINT LOUIS, MO 63132
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:  Robert L Koester, CFO	Date 1/21/08	Daytime Phone # (314) 997-6600
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