

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000000703

1. Entity Name
MURWOOD, INC.



Principal Place of Business
230 S. BEMISTON STE 1110
ST LOUIS, MO 63105

Mailing Address
230 S. BEMISTON STE 1110
ST LOUIS, MO 63105



07312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-0734354

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOOD SR, L K
4041 GULF SHORE BLVD.
NAPLES, FL 34102

**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.

08/11/06-80003-019 150.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
WOOD SR, L K
STREET ADDRESS
4041 GULF SHORE BLVD., SAVOY #801
CITY-ST-ZIP
NAPLES, FL

TITLE
NAME
VSD
WOOD, PATRICIA A
STREET ADDRESS
4041 GULF SHORE BLVD., SAVOY #801
CITY-ST-ZIP
NAPLES, FL

TITLE
NAME
T
MURABITO, SAM
STREET ADDRESS
11337 OAK BRANCH
CITY-ST-ZIP
ST LOUIS, MO

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *L. K. Wood Sr. (President)*

8/8/06

239-263-7407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #