

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90002 011 ***150.00

DOCUMENT # F03000004276

1. Entity Name
MURRAY MORTGAGE INCORPORATED



Principal Place of Business
14860 MONTFORT DRIVE, #105
DALLAS, TX 75254

Mailing Address
14860 MONTFORT DRIVE, #105
DALLAS, TX 75254

2. Principal Place of Business
17950 Preston Rd
Suite, Apt. #, etc.
Suite 950

3. Mailing Address
17950 Preston Rd
Suite, Apt. #, etc.
Suite 950

City & State
Dallas, TX 75252

City & State
Dallas, TX 75252

Zip
75252

Zip
75252

08302006 Chg-P CR2E034 (11/05)

4. FEI Number
75-2938732

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FLORIDA COMPLIANCE SPECIALISTS, INC.
2331 HANSEN PLACE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____
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	P	<input type="checkbox"/> Delete
NAME	SMITH, FLOYD	
STREET ADDRESS	14860 MONTFORT DRIVE, #105	
CITY-ST-ZIP	DALLAS, TX 75254	
TITLE	OM	<input type="checkbox"/> Delete
NAME	WALKER, CURT	
STREET ADDRESS	14860 MONTFORT DRIVE, #105	
CITY-ST-ZIP	DALLAS, TX 75254	
TITLE	SM	<input type="checkbox"/> Delete
NAME	MURRAY, ROBERT JR	
STREET ADDRESS	14860 MONTFORT DR SUITE 105	
CITY-ST-ZIP	DALLAS, TX 75254	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Floyd Smith	
STREET ADDRESS	17950 Preston Rd suite 950	
CITY-ST-ZIP	Dallas, TX 75252	
TITLE	Office Manager	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curt Walker	
STREET ADDRESS	17950 Preston Rd suite 950	
CITY-ST-ZIP	Dallas, TX 75252	
TITLE	Sales Manager	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17950 Preston Rd suite 950	
CITY-ST-ZIP	Dallas, TX 75252	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Curt Walker 8/29/06 972-850-4301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #