


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90303 012 ***150.00

DOCUMENT # F41693 1. Entity Name DICK McMURRAY, INC.	
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Principal Place of Business 4237 COVERED CREEK CT. JACKSONVILLE, FL 32277 US	Mailing Address 4237 COVERED CREEK CT JACKSONVILLE, FL 32277 US
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DO NOT WRITE IN THIS SPACE



02192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2119362	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMURRAY, ELAINE
4237 COVERED CREEK CT
JACKSONVILLE, FL 32277

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PSTD
NAME	MCMURRAY, ELAINE K
STREET ADDRESS	4237 COVERED CREEK CT
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VP
NAME	MCMURRAY, RICHARD JR.
STREET ADDRESS	312 AQUATIC DR.
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	VPS
NAME	MCMURRAY, SUSAN M
STREET ADDRESS	6299 FRANCES ST.
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	VPBM
NAME	MCMURRAY POTTS, JULIE
STREET ADDRESS	102 SWAN LAKE TRAIL
CITY-ST-ZIP	MELROSE, FL 32666
TITLE	VPBM
NAME	MCMURRAY, JOHN
STREET ADDRESS	11009 NASHVILLE DRIVE
CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	VPBM
NAME	SWINDLE, MARY McMURRAY
STREET ADDRESS	12794 HUNT CLUB RD N.
CITY-ST-ZIP	JACKSONVILLE, FL 32224

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Elaine K. McMurray **PRESIDENT** 3/8/05 **(904) 744-8603**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #

ELAINE K. McMURRAY