

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90079 001 \*\*\*158.75

**DOCUMENT # F41693**

1. Entity Name

DICK McMURRAY, INC.



Principal Place of Business

4237 COVERED CREEK CT.  
JACKSONVILLE FL 32277  
US

Mailing Address

4237 COVERED CREEK CT  
JACKSONVILLE FL 32277  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2119362

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

MCMURRAY, ELAINE  
4237 COVERED CREEK CT  
JACKSONVILLE FL 32277

(COVERED) \*NOTE

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 returned when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete  
NAME MCMURRAY, ELAINE K  
STREET ADDRESS 4237 COVERED CREEK CT  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VP ☐ Delete  
NAME MCMURRAY, RICHARD JR.  
STREET ADDRESS 312 AQUATIC DR.  
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE VPS ☐ Delete  
NAME MCMURRAY, SUSAN M  
STREET ADDRESS 6299 FRANCES ST.  
CITY-ST-ZIP JUPITER FL 33458

TITLE VPBM ☐ Delete  
NAME MCMURRAY POTTS, JULIE  
STREET ADDRESS 102 SWAN LAKE TRAIL  
CITY-ST-ZIP MELROSE FL 32666

TITLE VPBM ☐ Delete  
NAME MCMURRAY, JOHN  
STREET ADDRESS 11009 NASHVILLE DRIVE  
CITY-ST-ZIP COOPER CITY FL 33026

TITLE VPBM ☐ Delete  
NAME SWINDLE, MARY MCMURRAY  
STREET ADDRESS 12794 HUNT CLUB RD N.  
CITY-ST-ZIP JACKSONVILLE FL 32224

11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPBM ☐ Change ☒ Addition  
NAME AIELLO, APRIL MCMURRAY  
STREET ADDRESS 2397 N.W. 64th St.  
CITY-ST-ZIP BOCA RATON, FL. 33496

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

*Elaine McMurray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 5, 2006

Date

904-744-8603

Daytime Phone #