


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90110 016 \*\*\*150.00

<b>DOCUMENT # F41693</b>					
1. Entity Name <b>DICK MCMURRAY, INC.</b>					
Principal Place of Business <b>8527 LITTLE SWIFT CIRCLE JACKSONVILLE, FL 32256 US</b>			Mailing Address <b>8527 LITTLE SWIFT CIRCLE JACKSONVILLE, FL 32256 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2119362</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>Ms. Elaine K. McMurray 8527 Little Swift Cir. Jacksonville, FL 32256</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>Elaine McMurray</u> DATE <u>Jan 9, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCMURRAY, ELAINE K 4237 COVERED CREEK CT JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPBM APRIL AIELLO 2397 N.W. 64th ST. BOCA RATON, FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCMURRAY, RICHARD JR. 312 AQUATIC DR. ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete address OK	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCMURRAY, ELAINE 8527 Little Swift Circle JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MCMURRAY, SUSAN M 6299 FRANCES ST. JUPITER, FL 33458	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MCMURRAY, SUSAN M. 456 Sterling Dr. FLORENCE, SC 29501	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPBM MCMURRAY POTTS, JULIE 102 SWAN LAKE TRAIL MELROSE, FL 32666	<input type="checkbox"/> Delete address OK	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPBM MCMURRAY, JOHN 4802 SE 12th Place Ocala, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPBM MCMURRAY, JOHN 11009 NASHVILLE DRIVE COOPER CITY, FL 33026	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPBM SWINDLE, MARY MCMURRAY 12794 HUNT CLUB RD N. JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPBM SWINDLE MARY 1863 BISHOPS ESTATE RD JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Elaine McMurray</u>		Date: <u>Jan 9, 2008</u>		Daytime Phone #: <u>904-7448603</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					