

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F74993

1. Entity Name
MURRAY HILL INVESTMENTS, INC.



Principal Place of Business
**P O BOX 239
BRYCEVILLE, FL 32009-0239**

Mailing Address
**P O BOX 239
BRYCEVILLE, FL 32009-0239**



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2181984

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCARBOROUGH, WAYNE T.
905 PARK AVE
SUITE 102
ORANGE PARK, FL 32073**

**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.

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
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	PD
NAME	SCARBOROUGH, WAYNE T.
STREET ADDRESS	P O BOX 239
CITY-ST-ZIP	BRYCEVILLE, FL 320090239
TITLE	VD
NAME	SCARBOROUGH, ROBERTA L.
STREET ADDRESS	P O BOX 239
CITY-ST-ZIP	BRYCEVILLE, FL 320090239
TITLE	D
NAME	CARBOROUGH, WAYENT JR
STREET ADDRESS	P O BOX 239
CITY-ST-ZIP	BRYCEVILLE, FL 320090239
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/05-80035-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #