


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2004 8:00 am**  
**Secretary of State**

07-15-2004 90009 035 \*\*\*150.00

<b>DOCUMENT # F96000002005</b>	
1. Entity Name <b>MURRAY (UK) PLC, INC.</b>	

Principal Place of Business <b>3424 PINE VALLEY DR SARASOTA, FL 34239 US</b>	Mailing Address <b>3424 PINE VALLEY DR SARASOTA, FL 34239 US</b>
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2. Principal Place of Business <b>1255 Seeds Avenue</b> Suite, Apt. #, etc.	3. Mailing Address <b>1255 Seeds Avenue</b> Suite, Apt. #, etc.
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07062004 Chg-P CR2E034 (10/03)

City & State <b>Sarasota, FL</b>	City & State <b>Sarasota, FL</b>
Zip <b>34237</b>	Country <b>USA</b>

4. FEI Number <b>98-0160268</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MURRAY, STEVE 3424 PINE VALLEY DR SARASOTA, FL 34239</b>	
4420 Bayshore Road Sarasota, FL 34234	

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 _____	DATE <b>7/12/04</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C MURRAY, JOHN P.S. RAMBLEE COTTAGE BURLEY, HANTS BH24 4EA.</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C Murray, John P.S. 28 Sherwood Drive Verwood, Dorset BH317BH UK</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC MURRAY, STEPHEN J RAMBLER COTTAGE BURLEY HANTS B424 4 EA.</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC Murray, Stephen J. 4420 Bayshore Road Sarasota, FL 34234</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MURRAY, GLYNIS RAMBLER COTTAGE BURLEY HANTS BH24 4EA.</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Murray, Glynis 28 Sherwood Drive Verwood, Dorset BH317BH UK</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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<b>SIGNATURE:</b> _____	<b>7/12/04</b>	<b>941-906-7000</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #