2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003826

Address:

City-St-Zip:

DOWNERS GROVE, IL

FILED Apr 27, 2004 Secretary of State

Entity Nai	me: E.P. MUR	PHY, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
212 KAMAL PARKWAY CAPE CORAL, FL 33904			#208	4005 PALM TREE BLVD. #208 CAPE CORAL, FL 33904	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
212 KAMAL PARKWAY CAPE CORAL, FL 33904			#208	4005 PALM TREE BLVD #208 CAPE CORAL, FL 33904	
FEI Number:	: 35-0286290	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
MURPHY, EDWARD P 212 KAMAL PKWY CAPE CORAL, FL 33904 US			4005 PALM TREE BLV #208	MURPHY, EDWARD P 4005 PALM TREE BLVD #208 CAPE CORAL, FL 33904 US	
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				04/27/2004	
Floories Con		c Signature of Registered Ag	ent	Date	
		Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MURPHY, EDW 212 KAMAL PKV CAPE CORAL, F	VY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () MURPHY, DENN 3501 S. WESTE CHICAGO, IL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () MURPHY, MICH 14477 CREEK O ORLANDO PARI	ROSSING	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T () SHANAHAN, MA 4612 DRENDL	Delete JREEN	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: EDWARD P. MURPHY **PRES** 04/27/2004