


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G59374</b> 1. Entity Name MURPHCO DEVELOPERS, INCORPORATED	
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Principal Place of Business  
% JOHN V. MURPHY  
401 S. KATHERINE AVE  
PANAMA CITY, FL 32404

Mailing Address  
% JOHN V. MURPHY  
401 S. KATHERINE AVE  
PANAMA CITY, FL 32404

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2326760	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MURPHY, JOHN V  
401 S. KATHERINE AVE  
PANAMA CITY, FL 32404

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2004 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	MURPHY, JOHN V
STREET ADDRESS	401 S KATHERINE AVE
CITY - ST - ZIP	PANAMA CITY, FL
TITLE	S
NAME	MURPHY, GAYLE C
STREET ADDRESS	401 S KATHERINE AVE
CITY - ST - ZIP	PANAMA CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000007045  
01/20/04-80007-015 150.00

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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:** Gayle C. Murphy Gayle C. Murphy 1/14/04 850-229-6635  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #