

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G59374

1. Entity Name  
MURPHCO DEVELOPERS, INCORPORATED



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

FILED

06 JAN -6 PM 12:12

SECRET  
TALLAHASSEE, FLORIDA



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-2326760

Applied For  
Not Applicable

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
MURPHY, JOHN V  
401 S KATHERINE AVE  
PANAMA CITY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
MURPHY, GAYLE C  
401 S KATHERINE AVE  
PANAMA CITY, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700062778457  
01/05/06-01037-001 \*\*150.00

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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:

*Gayle C. Murphy* Gayle C. Murphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/06

(850) 229-6635

Date

Daytime Phone #