2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# G59374

Entity Name: MURPHCO DEVELOPERS, INCORPORATED

Current Principal Place of Business:

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

New Principal Place of Business:

% JOHN V. MURPHY
180 MARTINIQUE DRIVE
PORT ST. JOE, FL 32456 US

Current Mailing Address:

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

New Mailing Address:

% JOHN V. MURPHY
180 MARTINIQUE DRIVE
PORT ST. JOE, FL 32456 US

FEI Number: 59-2326760 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MURPHY, JOHN V
180 MARTINIQUE DRIVE
PORT ST. JOE, FL 32456 US

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.

SIGNATURE: 01/05/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MURPHY, JOHN V
Address: 401 S KATHERINE AVE
City-St-Zip: PANAMA CITY, FL

Title: S ( ) Delete
Name: MURPHY, GAYLE C
Address: 401 S KATHERINE AVE
City-St-Zip: PANAMA CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MURPHY, JOHN V
Address: 180 MARTINIQUE DRIVE
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: S (X) Change ( ) Addition
Name: MURPHY, GAYLE C
Address: 180 MARTINIQUE DRIVE
City-St-Zip: PORT ST. JOE, FL 32456 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: GAYLE C. MURPHY S 01/05/2009
Electronic Signature of Signing Officer or Director — Date