## 2006-FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 05, 2006 8:00 am Secretary of State DOCUMENT # H30802 1. Entity Name 05-05-2006 90170 007 \*\*\*150.00 JOHN F. MURPHY AUTO SALES, INC. Principal Place of Business Mailing Address 5050 U.S. 27 SOUTH PO BOX 204 / SEBRING, FL. 33870 SEBRING FL 33871 5050 U.S. 27 SOUTH PO BOX 204 / SEBRING, FL. 33870 SEBRING FL 33871 3. Mailing Address 2. Principal Place of Business P.O. BOX 204 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-2477395 Sebrine Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired USA ן ל838 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURNETT, GEORGE K. JR Street Address (P.O. Box Number is Not Acceptable) 1170 HEARD BRIDGE RD. WAUCHULA FL 33873 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President DIRE Delete TITEF Addition John F. Murphy Ave. NAME BURNETT, GEORGE K JR NAME 234 Sparrow STREET ADDRESS STREET ADDRESS 1170 HEARD BRIDGE RD. CITY-ST-ZIP WAUCHULA FL 33873 CITY-ST-ZIP Sebring Fla Change ☐ Delete TITLE TITLE Vice frésident ☐ Addition George E. Burnett Jr. NAME NAME 1170 Heard Bridge Rd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP /auchula Flu 33873 ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 aggress, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

George K. Burnett Jr. 4-26-05 863-385-4484

FILED