

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H33149**

1. Entity Name  
**S. E. MUR., INC.**



Principal Place of Business  
**5456 NORMANDY BLVD  
JACKSONVILLE, FL 32205 US**

Mailing Address  
**5456 NORMANDY BLVD  
JACKSONVILLE, FL 32205 US**



01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2480750**

|                |
|----------------|
| Applied For    |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

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

**MURDOCK, STEWART, E.  
3088 COASTAL WAY  
ST AUGUSTINE, FL 32095**

**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 reissuing)

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          | DP                        |
| NAME           | MURDOCK, STEWART E.       |
| STREET ADDRESS | 3088 COASTAL HWY          |
| CITY-ST-ZIP    | SAINT AUGUSTINE, FL 32095 |
| TITLE          | DS                        |
| NAME           | MURDOCK, SARAH B.         |
| STREET ADDRESS | 3088 COASTAL HWY.         |
| CITY-ST-ZIP    | SAINT AUGUSTINE, FL 32095 |
| TITLE          | VPD                       |
| NAME           | MURDOCK, MICHAEL F.       |
| STREET ADDRESS | 3179 WARLIN DR., E        |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32216    |
| TITLE          | OT                        |
| NAME           | MURDOCK, CHRISTOPHER M    |
| STREET ADDRESS | 17250 ELSINORE            |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32226    |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |

U00000400013  
02/01/06-80035-025 75.00

U00000400013  
02/01/06-80035-026 75.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/20/06**

Date

Daytime Phone #