

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 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**



01082007 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	DT
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	

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01/23/07-80021-024 150.00

**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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07
Date

Daytime Phone #