

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H33532

Entity Name: MURPHY HOMES, INC.

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

4929 SW 2ND COURT
OCALA, FL 34474 US

New Principal Place of Business:

4929 SW 2ND COURT
OCALA, FL 34471 US

Current Mailing Address:

PO BOX 4469
OCALA, FL 344784469

New Mailing Address:

FEI Number: 59-2471809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURPHY, JERRY
4929 SW. 2ND COURT
OCALA, FL 34474 US

Name and Address of New Registered Agent:

MURPHY, JERRY R
4929 SW. 2ND COURT
OCALA, FL 34471 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: JERRY R MURPHY

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MURPHY, JERRY
Address: 4929 SW 2ND COURT
City-St-Zip: OCALA, FL 34474

Title: VD () Delete
Name: MURPHY, BARBARA S
Address: 4929 SW 2ND. COURT
City-St-Zip: OCALA, FL 34474

Title: V () Delete
Name: MURPHY KAUFMAN, KATHRYN
Address: 4900 SW 1ST AVE
City-St-Zip: OCALA, FL 34474

Title: V () Delete
Name: KAUFMAN, MICHAEL J
Address: 4900 SW 1ST AVE
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MURPHY, JERRY
Address: 4929 SW 2ND COURT
City-St-Zip: OCALA, FL 34471

Title: VD (X) Change () Addition
Name: MURPHY, BARBARA S
Address: 4929 SW 2ND. COURT
City-St-Zip: OCALA, FL 34471

Title: V (X) Change () Addition
Name: KAUFMAN, KATHRYN M
Address: 4900 SW 1ST AVE
City-St-Zip: OCALA, FL 34471

Title: V (X) Change () Addition
Name: KAUFMAN, MICHAEL J
Address: 4900 SW 1ST AVE
City-St-Zip: OCALA, FL 34471

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: BARBARA S MURPHY

V

04/01/2009

Electronic Signature of Signing Officer or Director

Date