


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 18, 2005 08:00 AM
Secretary of State

DOCUMENT # H99635 1. Entity Name MURPHY TRANSPORT & LEASING CO.		
Principal Place of Business 2032 51ST ST SO. TAMPA, FL 33619 US	Mailing Address P.O. BOX 75244 TAMPA, FL 33675 US	



05162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2640910

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LABARBERA, MICHAEL D. ESQ.
LABARBERA & CAMPBELL
1907 W KENNEDY BLVD.
TAMPA, FL 33606

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MURPHY, JAMES J.
STREET ADDRESS	2032 51ST STREET S.
CITY-ST-ZIP	TAMPA, FL
TITLE	PST
NAME	MURPHY, JAMES J.
STREET ADDRESS	2032 51ST STREET S.
CITY-ST-ZIP	TAMPA, FL
TITLE	AS
NAME	LABARBERA, MICHAEL D. ES
STREET ADDRESS	1907 W KENNEDY BLVD
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000367533
05/18/05-80006-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:


Michael D. LaBarbera

5-16-05

813-251-1940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #