

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # J95972 1. Entity Name H. C. MURPHY INTERNATIONAL REFFERAL, INC.	
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Principal Place of Business
**411 NORTH 4TH ST
FORT PIERCE, FL 34950-3050**

Mailing Address
**411 NORTH 4TH ST
FORT PIERCE, FL 34950-3050**



04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0061009	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MURPHY, HOYT C., JR
411 NORTH 4TH ST
FORT PIERCE, FL 34950**

**DO NOT WRITE
IN THIS SPACE**

6. 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 relinquishing)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ROUSE, H W
5504 PALEO PINES CIRCLE
FORT PIERCE, FL 34951**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOYT, C. MURPHY JR
2400 S OCEAN DR, #4200 D
FORT PIERCE, FL 34949**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000560721
05/18/06-80052-002 150.00

**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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hoyt C. Murphy Jr 4/28/2006

Date

Daytime Phone #

772-460-2085