2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# J99187

Entity Name: CHARLES S. MURPHY FERNERY, INC.

Current Principal Place of Business:

3 PELICAN LANE
EDGEWATER, FL 32141

New Principal Place of Business:

Current Mailing Address:

3 PELICAN LANE
EDGEWATER, FL 32141

New Mailing Address:

FEI Number: 59-2873378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, CHARLES S.
3 PELICAN LANE
EDGEWATER, FL 32141 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: MURPHY, CHARLES S.,
Address: 3 PELICAN LANE
City-St-Zip: EDGEWATER, FL 32141

Title: VP ( ) Delete
Name: MOORE, PATRICIA L
Address: PO BOX 753
City-St-Zip: DELEON SPRINGS, FL 32150

Title: D ( ) Delete
Name: ALLISON, SANDRA L
Address: 1715 TWIN OAKS DR
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete
Name: MURPHY, CHARLES O
Address: 19104 LIME STONE COURT
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MURPHY, CHARLES O
Address: 3 PELICAN LANE
City-St-Zip: EDGEWATER, FL 32141

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: CHARLES S. MURPHY PTSD 03/11/2009

Electronic Signature of Signing Officer or Director — Date