2007 FOR PROFIT CORPORATION

Mar 28, 2007 8:00 am ANNUAL REPORT (AR) **Secretary of State** DOCUMENT # K60823 03-28-2007 90019 029 ***150.00 1. Entity Name FREDERICK J. MURRELL, P.A. Principal Place of Business Mailing Address 4002027 1401 MANATEE AVE. W. 1401 MANATEE AVE. W. STE 910 STE 910 BRADENTON FL 34205 **BRADENTON FL 34205** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1st MOORE CR2E034 (10/06) 11023 Gatewood Drive, Ste 103 11023 Gatewood Drive, Ste 103_{4. FEI Number} Applied For Bradenton, FL 34211 65-0095001 Bradenton, FL 34211 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MURRELL, FREDERICK J. Street Address (P.O. Box Number is Not Acceptable) 1401 MANATEE AVE. W. STE 910 **BRADENTON FL 34205** 11023 Cotensond Dr. 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 little if applicable (NOTE: Registered Agent signature registred when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition MURRELL, FREDERICK J. NAME NAME 1401 MANATEE AVE W STE 910 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34205** CITY-ST-ZIP CITY+ST-7/P Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP [] Change Addition TITLE Delete NAMÍ NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

NAME STREET ADDRESS

TITLE

TITLE

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

HILE

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

CITY - ST - ZIP

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

☐ Delete

☐ Defele

☐ Delete

15 March 2007

[] Change

☐ Change

☐ Change

Addition

Addition

Addition

FILED