

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L94043

FILED
Feb 11, 2007
Secretary of State

Entity Name: A. MURRO & ASSOCIATES, INC.

Current Principal Place of Business:

8198 TERRACE GARDEN
511
ST PETERSBURG, FL 337097075 US

New Principal Place of Business:

Current Mailing Address:

8198 TERRACE GARDEN DR
511
ST PETERSBURG, FL 337097075 US

New Mailing Address:

FEI Number: 13-2746305 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MURRO, ANTHONY A.
8198 TERRACE GARDEN DR
#511
ST PETERSBURG, FL 33709 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: DP () Delete
Name: MURRO, ANTHONY A.,
Address: 8198 TERRACE GARDEN
City-St-Zip: ST PETERSBURG, FL 33709

Title: ST () Delete
Name: MURRO, PATRICIA A.,
Address: 8198 TERRACE GARDEN #511
City-St-Zip: ST PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY A MURRO

PRES

02/11/2007

Electronic Signature of Signing Officer or Director

_____ Date