

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90286 029 \*\*\*150.00

**DOCUMENT # P00000010800**

1. Entity Name  
**MURDOCK ENTERPRISES, INC.**



Principal Place of Business  
**235 S. COUNTY ROAD  
SUITE 211  
PALM BEACH, FL 33480**

Mailing Address  
**235 S. COUNTY ROAD  
SUITE 211  
PALM BEACH, FL 33480**

**60025572**



03272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-0981124**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ENGELBERG, MORRIS ESQ  
3230 STIRLING RD., SUITE 1  
HOLLYWOOD, FL 33021**

Name

Street Address (P.O. Box Number is Not Acceptable)

**4040 Sheridan Street**

City  
**Hollywood**

FL

Zip Code  
**33021**

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 **Morris Engelberg, Esq.**

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered agent signature required when reinstating)

**03/27/2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
MURDOCK, NANCY  
235 S. COUNTY ROAD, STE. 211  
PALM BEACH, FL 33480** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D, S** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PT  
MURDOCK, LINTON  
235 S. COUNTY ROAD, STE. 211  
HOLLYWOOD, FL 33480** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P, T, D** ☒ Change ☐ Addition

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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 another like empowered.

SIGNATURE:

**Nancy Murdock**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Nancy Murdock, Secretary** **03/27/2006** **561-832-4404**

Date

Daytime Phone #