2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 8:00 am Secretary of State 03-17-2008 90001 042 ***150.00

1. Entity Nam	MENT # P00000075 URPHY INSTALLATIONS, II			03-17-2008 90001 042 ***150.00					
Principal Place of Business 6741 SCOTT STREET HOLLYWOOD, FL 33024		Mailing Address 6741 SCOTT STREET HOLLYWOOD, FL 33024			-		•		
1148 CR 3310 N 11		3. Mailing Address 1148 CR 3310 N							
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		03132008	Chg-P	CR2E034	·	aliad Eas	
AVERY, TEXAS		AVERY, TEXAS Zip Country			4. FEI Number Applied For 65-1030288 Not Applied For Not Applicable \$ Certificate of Status Desired T \$8.75 Additional				
75554 -		75554-6116	USA		of Status Desired Address of New R	□ Fe	e Required		
LANIA, JOSEPH S P.A.			Name						
8892 TAFT STREET PEMBROKE PINES, FL 33024			Street Address (P.O. Box Number is Not Acceptable)						
				City FL Zip Code					
The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its regi	stered office or r	registered agent, or bo	th, in the State of Flo	rida. I am (an	niliar with, a	and accept	
SIGNATURE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 PLOCIDED TO STATE 9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees			1		
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS,	CHANGES TO OFF		·	IN 11	
TIFLE NAME	PSD MURPHY, RICK A	☐ Delete	TITLE NAME			5	Change	Addition	
STREET ADDRESS	6741 SCOTT STREET		STREET ADDRESS	1148 COUNTY ROAD 3310 N					
CITY-ST-ZIP	HOLLYWOOD, FL 33024		CITY-ST-ZIP	ANERY TX	755 <u>54</u> - 6				
TITLE NAME	VPTD (°) MURPHY, DIANNA M	☐ Delete	TITLE NAME			2	Q Change	☐ Addition	
STREET ADDRESS	6741 SCOTT STREET	1	STREET ADDRESS	1148 COURTY	ROAD 33			İ	
CITY-ST-ZIP	HOLLYWOOD, FL 33024		CITY-ST-ZIP	AVERY , TX	75554-	6116			
TITLE NAME		☐ Defete	TITLE NAME		,		Change	☐ Addition	
STREET ADORESS CITY-ST-ZIP	4								
	·		STREET ADDRESS CITY-ST-ZIP						
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		· · ·	CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME				•		
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12. I release certain 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 like empowered.

SIGNATURE: Dans M. Murch DIANNA M. Murches 13/2008 903-684-5014