## 2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT (AR)** DOCUMENT # P01000012078



## FILED Apr 27, 2004 8:00 am Secretary of State

1. Entity Nam	ne		-			04-27-2004	90060 001 ***1	50.00	
MURPHY	'S MAIN S	STREET CAR CAR	RE, INC.	Į.		04-27-2004	30000 001	30.00	
		•			Vision Inches				
Principal Plac	ce of Business	•	Mailing Address			1			
200 W MAIN ST			200 W MAIN ST						
AVON PARK FL 33825			AVON PARK FL 33825				4 4		
						! ! <b>!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!</b>			
2. Principal F	lace of Busin	ess	3. Mailing Address						
						]			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			MOORE	CR2E034 (11	/03)	
City & State			City & State			4. FEI Number Applied For			plied For
			Zip Country		65-1072149 Not Applicabl			t Applicable	
Zip Country		Y					<b>75</b> Addi		
6. Name and Address of Current			t Registered Agent			7. Name and Address of New Registered Agent			
	u. Hame		THE THE STATE OF T		Name	7. Italine and Address of Itali	tregistered Age.	<u> </u>	
	RPHY, DE			-	Ctroot Anthrope	(D.O. Day Musels as in Net Assess	Andrew Section		
200 W MAIN ST AVON PARK FL 33825					Street Address (P.O. Box Number is Not Acceptable)				
AVC	JN PARK	FL 33825							
					City		FL	Zip Code	)
9 The shows	a annual antib	outprite this etatement	for the purpose of changing its	a registered	Loffice or registe	ered agent, or both, in the State of		ior with	Ar and accord
	tions of regist		for the purpose of changing is	s registered	onice or registe	ered agent, or both, in the State t	orrionda. Fain faini	iar willi, a	and accept
SIGNATURE	Signature, typed	or printed name of registered age	ent and title if applicable. (NO	TE: Registered A	Agent signature require	ed when reinstating)	DATE		
1914 M 1918	and the second	managina in the Committee of participation of							
CANTROL OF STANSON ON	ILE NOW!!	! FEE IS \$150.00							
Afte	r May 1, 200	! FEE IS \$150.00 04 Fee will be \$550.0	o .	,		9. Election Campaig Trust Fund Contril		\$5.00 Added	May Be
Afte	r May 1, 200	)4 Fee will be \$550.0 Florida Department	of State			Trust Fund Contrit	oution.	Added	to Fees
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indicated on this report of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR