


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90454 026 ***150.00

DOCUMENT # P01000079560	
1. Entity Name PATRICIA A. MURPHY, P.A.	

Principal Place of Business 8369 SANDPOINT BLVD. ORLANDO, FL 32819	Mailing Address 4099 LAKE ALFRED ROAD WINTER HAVEN, FL 33881
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2. Principal Place of Business 81 JENNI ASHLEY CT Suite, Apt. #, etc.	3. Mailing Address 81 JENNI ASHLEY CT Suite, Apt. #, etc.
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City & State WINTER HAVEN, FLA	City & State WINTER HAVEN, FLA
Zip 33884	Country USA
Zip 33884	Country USA

60031751



04242006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent MURPHY, ALAN 4099 LAKE ALFRED ROAD WINTER HAVEN, FL 33881	
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4. FEI Number 59-3737776	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name ALAN MURPHY	
Street Address (P.O. Box Number is Not Acceptable) 81 JENNI ASHLEY CT	
City WINTER HAVEN	FL Zip Code 33884

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:  **ALAN MURPHY** DATE: **4/25/06**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MURPHY, PATRICIA A 8369 SANDPOINT BLVD. ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MURPHY PATRICIA A 81 JENNI ASHLEY CT WINTER HAVEN, FLA 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE:  **Patricia A. Murphy** Date: **4-25-06** Daytime Phone #: **863-221-4539**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR