2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000086848

MURRAY, KENNETH E

1543 BIG OAK PLACE

FERNANDINA BEACH, FL 32034

Name:

Address:

City-St-Zip:

Entity Name: MURRAY'S STORE & SERVICE STATION, INC.

FILED Apr 21, 2006 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Pla	New Principal Place of Business:	
4035 E. SF FERNAND	R 200 DINA BEACH, I	FL 32034			
Current M	lailing Addres	ss:	New Mailing Add	New Mailing Address:	
4035 E. SR 200 FERNANDINA BEACH, FL 32034				4120 WILDER BLVD. FERNANDINA BEACH, FL 32034	
FEI Number	: 04-3622808	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
50 N. LAU JACKSON The above	MY, WILLIAM I RA ST., STE. IVILLE, FL 32: e named entity e of Florida.	2925 202 US	ourpose of changing its regist	ered office or registered agent, or both,	
SIGNATU					
Electronic Signature of Registered Agent			ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PREACHE, MA 4120 WILDER		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MURRAY, GEF 1598 AVANT R YULEE, FL 32	D.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (VIZCAINO, LUG 220 LAKE ST. POMONA PAR		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MAURLINE M. PREACHE TR/D 04/21/2006