

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000103230

1. Entity Name  
MURRAY REAL ESTATE SERVICES, INC.



Principal Place of Business  
12543 SCARLET SAGE COURT  
WINTER GARDEN, FL 34787

Mailing Address  
12543 SCARLET SAGE COURT  
WINTER GARDEN, FL 34787

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2. Principal Place of Business  
621 Loire Court  
Suite, Apt. #, etc.

3. Mailing Address  
621 Loire Court  
Suite, Apt. #, etc.

07172005 Chg-P CR2E034 (10/03)

City & State  
Jacksonville, FL  
Zip 32259 Country USA

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Jacksonville, FL  
Zip 32259 Country USA

4. FEI Number  
59-3751989  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MURRAY, GEORGE W  
12543 SCARLETT SAGE CT  
WINTER GARDEN, FL 34787

7. Name and Address of New Registered Agent

Name George W. Murray  
Street Address (P.O. Box Number is Not Acceptable)  
621 Loire Court  
City Jacksonville FL Zip Code 32259

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 *[Signature]*  
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/05

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME MURRAY, GEORGE W  
STREET ADDRESS 12543 SCARLETT SAGE CT  
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE STD ☐ Delete  
NAME MURRAY, JACQUELINE M  
STREET ADDRESS 12543 SCARLETT SAGE CT  
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 621 Loire Court  
CITY-ST-ZIP Jacksonville, FL 32259

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 621 Loire Court  
CITY-ST-ZIP Jacksonville, FL 32259

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500058044925  
CITY-ST-ZIP 07/29/05--01047--020 \*\*\$61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/05 904-829-2666  
Date Daytime Phone #