



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90204 012 ***150.00

DOCUMENT # P01000117623 1. Entity Name MURPHY INSURANCE SERVICES, INC.					
Principal Place of Business 3425 HAYES STREET HOLLYWOOD, FL 33024			Mailing Address 3425 HAYES STREET HOLLYWOOD, FL 33024		
2. Principal Place of Business - No P.O. Box # 4003 BELMOOR DRIVE Suite, Apt. #, etc.		3. Mailing Address 4003 BELMOOR DRIVE Suite, Apt. #, etc.			
City & State PALM HARBOR, FL		City & State PALM HARBOR FL		4. FE# Number 65-0709911	
Zip 34685		Country PIWELIS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURPHY, DONALD J 3425 HAYES STREET HOLLYWOOD, FL 33024				7. Name and Address of New Registered Agent Name DONALD J MURPHY Street Address (P.O. Box Number is Not Acceptable) 4003 BELMOOR DRIVE City PALM HARBOR FL Zip Code 34685	
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 <i>Victoria L. Murphy</i> <i>Donald J. Murphy</i> 2/29/08 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MURPHY, VICTORIA L 3425 HAYES STREET HOLLYWOOD, FL 33024		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MURPHY, VICTORIA L. 4003 BELMOOR DRIVE PALM HARBOR FL 34685	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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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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 live empowered.					
SIGNATURE: <i>Victoria L. Murphy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			02-29-08 <small>Date Daytime Phone #</small>		