

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121005

FILED
Apr 17, 2005
Secretary of State

Entity Name: MURRAY ENTERPRISES OF THE EMERALD COAST, INC.

Current Principal Place of Business:

37 TOWN CENTER LOOP
#C9
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

37 TOWN CENTER LOOP
#C9
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

9375 HIGHWAY 98 WEST
26
DESTIN, FL 32550

New Mailing Address:

660 BALDWIN AVENUE
DEFUNIAK SPRINGS, FL 32435

FEI Number: 01-0553273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIEB, JENNIFER
37 TOWN CENTER LOOP #C9
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

LIEB, JENNIFER
660 BALDWIN AVENUE
DEFUNIAK SPRINGS, FL 32435 US

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.

SIGNATURE: JENNIFER LIEB

04/17/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MURRAY, ASHLEIGH
Address: 37 TOWN CENTER LOOP #9
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: V () Delete
Name: MURRAY, BARBARA
Address: 37 TOWN CENTER LOOP #9
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ST () Delete
Name: LIEB, JENNIFER
Address: 37 TOWN CENTER LOOP #9
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MURRAY, ASHLEIGH
Address: 660 BALDWIN AVENUE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: V (X) Change () Addition
Name: MURRAY, BARBARA
Address: 660 BALDWIN AVENUE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: ST (X) Change () Addition
Name: LIEB, JENNIFER
Address: 660 BALDWIN AVENUE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JENNIFER LIEB

ST

04/17/2005

Electronic Signature of Signing Officer or Director

Date