

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90034 007 ***150.00

DOCUMENT # P02000002456 1. Entity Name SDG MURPHY, INC.					
Principal Place of Business 298 SW PANTHER TRACE PORT ST. LUCIE, FL 34953			Mailing Address 298 SW PANTHER TRACE PORT ST. LUCIE, FL 34953		
2. Principal Place of Business 2849 SW 42nd Avenue Suite, Apt. #, etc.		3. Mailing Address 2400 SE Federal Hwy. Suite, Apt. #, etc.			
City & State Palm City, Florida		City & State Stuart, Florida		4. FEI Number 80-0037471	
Zip 34990		Country U.S.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERRY, STEVE 2400 SE GREENE HWY 4TH FL STUART, FL 34994			7. Name and Address of New Registered Agent Name Steven L. Perry, Esq. Street Address (P.O. Box Number is Not Acceptable) 2400 SE Federal Hwy. Fourth Floor City Stuart FL Zip Code 34994		
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 <u>Steven L. Perry, Esq.</u> Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D SOVEREL, BRETT 298 SW PANTHER TRACE PORT ST. LUCIE, FL 34953	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Soverel, Bret 2849 SW 42nd Avenue Palm City, Florida 34990	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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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: <u>Bret Soverel</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Date 112.463.1550 Daytime Phone #