



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000020195 1. Entity Name MURPHY'S ACCOUNTING, INC.	
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Principal Place of Business 20020 VETERANS BOULEVARD UNIT 10 PORT CHARLOTTE, FL 33954-2113	Mailing Address 20020 VETERANS BOULEVARD UNIT 10 PORT CHARLOTTE, FL 33954-2113
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DO NOT WRITE IN THIS SPACE


01032005 No Chg-P CR2E034 (10/03)
4. FEI Number 03-0433473 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MURPHY, DANIEL L
20020 VETERANS BOULEVARD
UNIT 10
PORT CHARLOTTE, FL 33954-2113

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

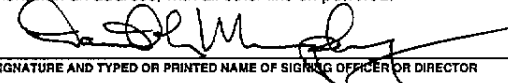
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MURPHY, DANIEL L 4022 BEAVER LANE #200C PORT CHARLOTTE, FL 339529244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MURPHY, DIANE M 4022 BEAVER LANE #200C PORT CHARLOTTE, FL 339529244
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01/12/05-80022-008 150.00
**DO NOT WRITE
IN THIS SPACE**

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:  **1/10/05** **941-764-1144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #