

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000020195

1. Entity Name
MURPHY'S ACCOUNTING, INC.



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**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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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1100000385331
01/18/06-80011-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/06

Daytime Phone #

941-764-1144