## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 20, 2004 08:00 AM **Secretary of State** DOCUMENT # P02000098558 1. Entity Name L.W. MURPHY CORPORATION Principal Place of Business Mailing Address 1626 CLUB DR 1626 CLUB DR VERO BCH, FL 32963 VERO 8CH, FL 32963 CR2E034 (10/03) 01132004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1550537 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MURPHY, LEWIS W JR DO NOT WRITE 817 BEACHLAND BLVD VERO BCH, FL 32963 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PVTS TITLE MURPHY, LEWIS W NAME 1626 CLUBL DR STREET ADDRESS UU0000008464 CITY-ST-ZIP VERO BEACH, FL 32963 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ACORESS DO NOT WRITE CSTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. Thurther 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ACCRESS CGY+ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

Serie W. Mury

LEWIS W. MURPH

**FILED**