



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000104036</b>	
1. Entity Name <b>BILL MURPHY INC.</b>	

Principal Place of Business <b>12292 OLD COUNTRY RD WELLINGTON, FL 33414</b>	Mailing Address <b>12292 OLD COUNTRY RD WELLINGTON, FL 33414</b>
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------

	
03112008	No Chg-P CR2E034 (11/05)
4. FEI Number <b>22-3871789</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MURPHY, WILLIAM 12292 OLD COUNTRY RD WELLINGTON, FL 33414</b>
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, WILLIAM 12292 OLD COUNTRY RD WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, CAROL 12292 OLD COUNTRY RD WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000858259  
04/01/08-80038-009 150.00

**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: <u>Carol Murphy (Carol Murphy)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/11/08 561 795-3968 <small>Date Daytime Phone #</small>