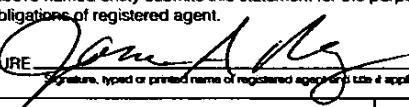
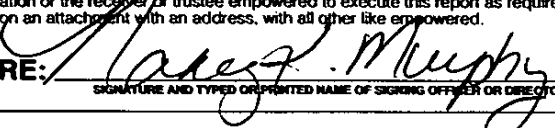


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90077 041 ***158.75

DOCUMENT # P03000064262 1. Entity Name MURPHY'S HOME SERVICES, INC.					
Principal Place of Business 206 SNAPPER DR #13 DESTIN, FL 32541			Mailing Address 206 SNAPPER DR #13 DESTIN, FL 32541		
2. Principal Place of Business 618 Sea Oats Dr Suite, Apt. #, etc.		3. Mailing Address 618 Sea Oats Dr Suite, Apt. #, etc.		50008199 	
City & State Destin FL		City & State Destin FL		4. FEI Number 51-0473109	
Zip 32541		Country OKlaosa		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURPHY, JAMES A 206 SNAPPER DRIVE DESTIN, FL 32541				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 618 Sea Oats Dr City Destin FL Zip Code 32541	
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  DATE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 PRES NAME MURPHY, JAMES A STREET ADDRESS 206 SNAPPER DRIVE #13 CITY-ST-ZIP DESTIN, FL 32541	☐ Delete		TITLE James A. Murphy SR NAME 618 Sea Oats Dr STREET ADDRESS Destin FL 32541 CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE TRES NAME MURPHY, NANCY K STREET ADDRESS 206 SNAPPER DRIVE #13 CITY-ST-ZIP DESTIN, FL 32541	☐ Delete		TITLE 618 Sea Oats Dr NAME Destin FL 32541 STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE V-Pres NAME James A. Murphy JR STREET ADDRESS 618 Sea Oats Dr CITY-ST-ZIP Destin FL 32541	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			1-26-05 850 650 1699 Date Daytime Phone #		