

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 08, 2004 8:00 am
Secretary of State

DOCUMENT # P03000075491

1. Entity Name

MURPHY'S CONSTRUCTION, INC.



05-06-2004 90161 001 ***150.00

07-08-2004 90100 002 ***150.00

54060649



MOORE CR2E034 (11/03)

Principal Place of Business

203 S 4 TH STREET
SANTA ROSA BEACH FL 32459
US

Mailing Address

203 S 4 TH STREET
SANTA ROSA BEACH FL 32459
US

2. Principal Place of Business

203 South 4th St

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

Santa Rosa Beach FL

City & State

City & State

4. FEI Number

65-1195737

Applied For

Not Applicable

Zip

32459

Country

WATON

Zip

Zip

Country

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, JOHN P JR
203 S 4 TH STREET
SANTA ROSA BEACH FL 32459

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MURPHY, JOHN P JR
STREET ADDRESS 203 S 4TH STREET
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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: *John P. Murphy Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04 850-252-4952

Date

Daytime Phone

Attachment

54060649

#P03000075491

To Whom it may concern

I have had problems getting my EIN
because the IRS had some wrong
information. I have resolved this
matter. Please accept this form and
information, so that I will
still be incorporated.

Thank You
J. P. Murphy

Murphy's Construction Inc.