


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90056 017 ***150.00

DOCUMENT # P03000120438	
1. Entity Name MURPHY COMMERCIAL REALTY, INC.	

Principal Place of Business 2196 MAIN STREET SUITE E DUNEDIN, FL 34698	Mailing Address 2196 MAIN STREET SUITE E DUNEDIN, FL 34698
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50005084



2. Principal Place of Business 2196 MAIN ST.	3. Mailing Address Same
Suite, Apt. #, etc. SUITE E	Suite, Apt. #, etc. Same
City & State DUNEDIN FL	City & State Same
Zip 34698	Country PINELLAS

01112005 Chg-P CR2E034 (10/03)

4. FEI Number
52-2412675

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent MURPHY, ROGER 2196 MAIN STREET SUITE E DUNEDIN, FL 34698		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MURPHY, ROGER 2196 MAIN STREET, SUITE E DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, T, S, D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Delete Pres.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURPHY, KATHLEEN L 2771 MCNAIR DRIVE PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL OGILVIE 16 EAGLE LANE PALM HARBOR FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KATHLEEN OGILVIE 16 EAGLE LANE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Roger J. Murphy CEO** 1/15/05 727 736 0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #