


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2007 8:00 am
Secretary of State

09-12-2007 90002 026 ***158.75

DOCUMENT # P03000146629	
1. Entity Name MURPHY BROTHERS CONSTRUCTION, INC.	

Principal Place of Business 700 E. UNION ST. BOX 25 BJ-B JACKSONVILLE, FL 32206	Mailing Address 700 E. UNION ST. BOX 25 BJ-B JACKSONVILLE, FL 32206
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2. Principal Place of Business - No P.O. Box # <i>Box 25</i> 700 EAST UNION STREET	3. Mailing Address <i>Box 25</i> 700 EAST UNION STREET JAX FL 32206
Suite, Apt. #, etc.	Suite, Apt. #, etc.



08302007 Chg-P CR2E034 (12/06)

City & State JAX FL 32206 Box 25	City & State JAX FL 32206 Box 25
Zip 32206	Zip 32206
Country Dual	Country Dual

4. FEI Number 86-1090964	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MURPHY, ROBERT P 700 E. UNION ST. BOX 25 BJ-B JACKSONVILLE, FL 32206	7. Name and Address of New Registered Agent Name Murphy Robert P. R.P.M. Street Address (P.O. Box Number is Not Acceptable) 700 EAST UNION STREET JAX FL 32206 Box 25 City JAX FL 32206
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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 *Robert P. Murphy* DATE *9/8/07*

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	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	PSTD MURPHY, ROBERT P 10521 HAVERFORD RD. JACKSONVILLE, FL 32218 <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	VPD ANDERSON, MITCHELL 2465 JASMINE AVENUE MIDDLEBURG, FL 32068 <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
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
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 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: *Robert Paul Murphy* DATE *9/8/07* 904-626-5074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEET 86-1090.969 904626-5074

Murphy Brothers Const Inc ATTACHMENT

I did not receive the Annual ⁴⁰¹³²¹⁷⁵
Report Notice from FLA Dept of State ~~#P03000196619~~
or Division of Corp. Please excuse any
misinterpretation or Mailing Address.

Please mail any further Notice
to 700 East Union Street Box (25)
32206 JAX, FL.

Thank You
Robert P. Murphy
9/20/07