


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 08:00 A
Secretary of State

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

Principal Place of Business 700 E. UNION ST. BOX 25 JACKSONVILLE FL 32206	Mailing Address 700 E. UNION ST. BOX 25 JACKSONVILLE FL 32206
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2. Principal Place of Business - No P.O. Box # Murphy Bros. Const.	3. Mailing Address 700 E Union St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State JAX, FL	City & State JAX, FL
Zip 32206	Zip 32206
Country Dural	Country Dural

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

6. Name and Address of Current Registered Agent MURPHY, ROBERT P 700 E. UNION ST. BOX 25 JACKSONVILLE FL 32206	
7. Name and Address of New Registered Agent	
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 Robert P. Murphy	DATE 3-10-08

FILE NOW!!! FEE IS: \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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 PSTD	<input type="checkbox"/> Delete	TITLE U00000855968	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MURPHY, ROBERT P		NAME	
STREET ADDRESS 10521 HAVERFORD RD.		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32218		CITY-ST-ZIP 03/27/08-80072-007 150.00	
TITLE VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDERSON, MITCHELL		NAME	
STREET ADDRESS 2465 JASMINE AVENUE		STREET ADDRESS	
CITY-ST-ZIP MIDDLEBURG FL 32068		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 3-10-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	