## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 04, 2006 08:00 AM Secretary of State DOCUMENT # P04000023842 1. Entity Name MURRAH COMMUNICATIONS, INC. Principal Place of Business Mailing Address 404 NORTH 4 STREET #2 404 NORTH 4 STREET #2 JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 04252006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0711522 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MURRAH, KENNETH F DO NOT WRITE 404 NORTH 4 STREET #2 JACKSONVILLE BEACH, FL 32250 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MURRAH, KENNETH F JR STREET ADDRESS 404 NORTH 4 STREET #2 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 in changed, or on an attachmen

SIGNATURE: \*

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SI

RECTOR

DO NOT WRITE

IN THIS SPACE

**FILED**