2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
04-02-2007 90060 037 ***150.00

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1. Entity Name
MURRAY ENGINEERING INCORPORATED

Principal Place of Business	Mailing Address
5624 DIANTHUS ST GREEN COVE SPRINGS, FL 32043	5624 DIANTHUS ST GREEN COVE SPRINGS, FL 32043

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
417 WALNUT STREET		417 WALNUT STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: GREEN COVE SPRINGS, FL		City & State: GREEN COVE SPRINGS, FL	
Zip: 32043	Country: U.S.A.	Zip: 32043	Country: U.S.A.

4. FEI Number 20-0816638 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MURRAY, BRYAN A
5624 DIANTHUS ST
GREEN COVE SPRINGS, FL 32043

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 [signature] BRYAN A. MURRAY PRESIDENT 3/29/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ Delete
NAME	MURRAY, BRYAN A	
STREET ADDRESS	5624 DIANTHUS ST	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	V	☐ Delete
NAME	MURRAY, SCOTT D	
STREET ADDRESS	482 CHELSEA PLACE AVE.	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] BRYAN A. MURRAY PRESIDENT 3/29/07 (904) 284-1738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #