

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90215 004 \*\*\*150.00

**DOCUMENT # P04000048270**

1. Entity Name  
**MURPHY & NEALE, P.A.**



Principal Place of Business <b>540 N.E. 8TH STREET</b> <b>2A</b> <b>FT. LAUDERDALE, FL 33304 US</b>	Mailing Address <b>540 N.E. 8TH STREET</b> <b>2A</b> <b>FT. LAUDERDALE, FL 33304 US</b>
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**50014197**



01052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business <b>550 Fairway Drive</b> Suite, Apt. #, etc. <b>203</b> City & State <b>Deerfield Beach FL</b> Zip <b>33441</b> Country <b>USA</b>	3. Mailing Address <b>550 Fairway Drive</b> Suite, Apt. #, etc. <b>203</b> City & State <b>Deerfield Beach FL</b> Zip <b>33441</b> Country <b>USA</b>
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4. FEI Number <b>01-0809895</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**JOSEPH G. MOTT, JR., P.A.**  
**500 W CYPRESS CREEK ROAD**  
**400**  
**FT. LAUDERDALE, FL 33309**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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, 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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D MURPHY, PATRICK J <del>540 N.E. 8TH STREET, #2A</del> FT. LAUDERDALE, FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D NEALE, THOMAS E <del>540 N.E. 8TH STREET, #2A</del> FT. LAUDERDALE, FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURPHY, PATRICK J <del>540 N.E. 8TH STREET, #2A</del> FT. LAUDERDALE, FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEALE, THOMAS E <del>540 N.E. 8TH STREET, #2A</del> FT. LAUDERDALE, FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 550 Fairway Drive #203 Deerfield Beach, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 550 Fairway Drive, #203 Deerfield Beach, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 550 Fairway Drive, #203 Deerfield Beach, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 550 Fairway Drive, #203 Deerfield Beach, FL 33441
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"/> 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:**

*Patrick J. Murphy*

**Patrick J. Murphy, Pres** **4-17-06** **954/525-5509**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Device Phone