

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90046 045 ***150.00

DOCUMENT # P04000078007

1. Entity Name

MURPHY M & A, INC.



Principal Place of Business

2196 MAIN ST
SUITE E
DUNEDIN FL 34698

Mailing Address

2196 MAIN ST
SUITE E
DUNEDIN FL 34698



2. Principal Place of Business

513 N. BECHER RD.

3. Mailing Address

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

Zip

33765

Country

FLORIDA

Zip

Country

4. FEI Number

30-0251398

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

MOORE, STEVEN W
% STEVEN W MOORE, P.A.
8200 BRYAN DAIRY ROAD SUITE 300
LARGO FL 33777

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, 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTS ☐ Delete
NAME MURPHY, ROGER
STREET ADDRESS 2196 MAIN STREET, SUITE E
CITY-ST-ZIP DUNEDIN FL 34698

TITLE VP ☐ Delete
NAME MURPHY, KATHLEEN
STREET ADDRESS 2196 MAIN STREET, SUITE E
CITY-ST-ZIP DUNEDIN FL 34698

TITLE EVP ☐ Delete
NAME RUSSELL, LEONARD
STREET ADDRESS 2196 MAIN ST, SUITE E
CITY-ST-ZIP DUNEDIN FL 34698

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
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME LEONARD RUSSELL
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/06

Date

727 725 7090

Daytime Phone #