

FILED
May 27, 2005 8:00 am
Secretary of State

4/2

04-25-2005 90312 002 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000109171					
1. Entity Name MURPHY FLOORING, INC.					
Principal Place of Business 16887 ROYAL POINCIANA DRIVE WESTON, FL 33326			Mailing Address 16887 ROYAL POINCIANA DRIVE WESTON, FL 33326		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
			03102005 Chg-P CR2E034 (10/03)		
			4. FEI Number 20 1436345		Applied For Not Applicable
			5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MURPHY, THOMAS 16887 ROYAL POINCIANA DRIVE WESTON, FL 33326			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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MURPHY, THOMAS		NAME		
STREET ADDRESS	16887 ROYAL POINCIANA DRIVE		STREET ADDRESS		
CITY- ST- ZIP	WESTON, FL 33326		CITY- ST- ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MURPHY, SHANNON		NAME		
STREET ADDRESS	16887 ROYAL POINCIANA DRIVE		STREET ADDRESS		
CITY- ST- ZIP	WESTON, FL 33326		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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TITLE		☐ Delete	TITLE	☐ Change ☐ 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 exemption stated in Section 119.07(3)(i), 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: <i>Tom Murphy</i>			4/22/05 954-270-8010		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		