

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90028 020 \*\*\*150.00

50007207



03062006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P04000109171</b> 1. Entity Name <b>MURPHY FLOORING, INC.</b>																																																																																																					
Principal Place of Business <b>16887 ROYAL POINCIANA DRIVE WESTON, FL 33326</b>			Mailing Address <b>16887 ROYAL POINCIANA DRIVE WESTON, FL 33326</b>																																																																																																		
2. Principal Place of Business <b>2643 ALOMA OAKS DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>2643 ALOMA OAKS DR</b> Suite, Apt. #, etc.		4. FEI Number <b>20-1436345</b> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																																																																																	
City & State <b>OWEEOO, FL</b>		City & State <b>OWEEOO FL</b>																																																																																																			
Zip <b>32765</b>		Zip <b>32765</b>																																																																																																			
Country		Country																																																																																																			
6. Name and Address of Current Registered Agent <b>MURPHY, THOMAS 16887 ROYAL POINCIANA DRIVE WESTON, FL 33326</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2643 ALOMA OAKS DR</b> City <b>OWEEOO</b> State <b>FL</b> Zip Code <b>32765</b>																																																																																																	
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) _____ DATE _____																																																																																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>MURPHY, THOMAS</b></td> <td></td> <td>STREET ADDRESS</td> <td><b>2643 ALOMA OAKS DR</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>16887 ROYAL POINCIANA DRIVE WESTON, FL 33326</b></td> <td></td> <td>CITY - ST - ZIP</td> <td><b>OWEEOO, FL 32765</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>MURPHY, SHANNON</b></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><b>2643 ALOMA OAKS DR</b></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>16887 ROYAL POINCIANA DRIVE</b></td> <td></td> <td>STREET ADDRESS</td> <td><b>OWEEOO, FL 32765</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>WESTON, FL 33326</b></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	<b>MURPHY, THOMAS</b>		STREET ADDRESS	<b>2643 ALOMA OAKS DR</b>		CITY - ST - ZIP	<b>16887 ROYAL POINCIANA DRIVE WESTON, FL 33326</b>		CITY - ST - ZIP	<b>OWEEOO, FL 32765</b>		TITLE	<b>MURPHY, SHANNON</b>	<input type="checkbox"/> Delete	TITLE	<b>2643 ALOMA OAKS DR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	<b>16887 ROYAL POINCIANA DRIVE</b>		STREET ADDRESS	<b>OWEEOO, FL 32765</b>		CITY - ST - ZIP	<b>WESTON, FL 33326</b>		CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
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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: <span style="float: right;">3/27/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date Daytime Phone #</small></span>																																																																																																					