

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2007 08:00 AM**  
**Secretary of State**



DOCUMENT # P05000003823

1. Entity Name  
**J. MURPHY OF PENSACOLA, INC.**

Principal Place of Business  
**9683 HOLLOWBROOK DRIVE  
 PENSACOLA FL 32514**

Mailing Address  
**9683 HOLLOWBROOK DRIVE  
 PENSACOLA FL 32514**



2. Principal Place of Business - No P.O. Box #  
**9683 Hollowbrook Drive**  
 Suite, Apt. #, etc.

3. Mailing Address  
**9683 Hollowbrook Drive**  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State  
**PENSACOLA, FL 32514**  
 Zip **32514** Country **USA**

City & State  
**PENSACOLA, FL**  
 Zip **32514** Country **USA**

4. FEI Number **20-2198355** Applied For  
 Not Applicable

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

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

**MURPHY, JAMES M  
 9683 HOLLOWBROOK DRIVE  
 PENSACOLA FL 32514**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MURPHY, JAMES M</b> <b>9683 HOLLOWBROOK DR.</b> <b>PENSACOLA FL 32513</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>NELSON, SHAWN M</b> <b>9683 HOLLOWBROOK DRIVE</b> <b>PENSACOLA FL 32514</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>U00000673967</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>03/29/07-80050-014 150.00</b>
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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: *James M. Murphy* 3/19/07 (850) 924-9636  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #