2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000009763

1. Entity Name

JEAN H. MURPHY, INC.



FILED Jan 24, 2008 08:00 AN Secretary of State

Principal Place of Business

1142 FIRST STREET SOUTH WINTER HAVEN, FL 33880 Mailing Address

P.O. BOX 2024

WINTER HAVEN, FL 33883



DO NOT WRITE IN THIS SPACE

01222008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 20-2192978 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, JEAN H 1142 FIRST STREET SOUTH WINTER HAVEN, FL 33880				in'	NOT V THIS S	PACE	
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 end title if applicable (NOTE: Registered				d Agent signature required when reinstating) DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees)00793860)8-80025-	025 150.00
10.	OFFICERS AND DIRE	CTORS	427,443		的基础的表现		在通道主运输
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, JEAN H P.O. BOX 2024 WINTER HAVEN, FL 33880						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT V	VRITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE			Chief.			路路里 [4]	

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/22/08

Daytime Phoni