

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90071 009 \*\*\*150.00

**DOCUMENT # P05000065552**

1. Entity Name  
**MURRAY FAMILY INVESTORS INC.**



Principal Place of Business  
**137 11TH STREET E.  
TIERRA VERDE, FL 33715 US**

Mailing Address  
**137 11TH STREET E.  
TIERRA VERDE, FL 33715 US**

40001000



2. Principal Place of Business - No P.O. Box #  
**12733 Grand Traverse Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**12733 Grand Traverse Dr.**  
Suite, Apt. #, etc.

01082007 Chg-P CR2E034 (12/06)

City & State  
**Dade City, Florida**  
Zip **33525** Country **US**

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**Dade City, Florida**  
Zip **33525** Country **US**

4. FEI Number  
**20-2789340**  
Applied For  
Not Applicable

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

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

**MURRAY, LAWRENCE  
137 11TH STREET E.  
TIERRA VERDE, FL 33715**

**7. Name and Address of New Registered Agent**

Name  
**Murray, Lawrence**  
Street Address (P.O. Box Number is Not Acceptable)  
**12733 Grand Traverse Dr.**  
City **Dade City** FL Zip Code **33525**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P VP** ☐ Delete  
NAME **MURRAY, LAWRENCE**  
STREET ADDRESS **137 11TH STREET E.**  
CITY-ST-ZIP **TIERRA VERDE, FL 33715**

TITLE **TSD** ☐ Delete  
NAME **MURRAY, LAWRENCE**  
STREET ADDRESS **137 11TH STREET E.**  
CITY-ST-ZIP **TIERRA VERDE, FL 33715**

TITLE **D** ☐ Delete  
NAME **MURRAY, TODD**  
STREET ADDRESS **19710 LAKE OSCEOLA LANE**  
CITY-ST-ZIP **ODESSA, FL 33556**

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 **12733 Grand Traverse Dr.**  
CITY-ST-ZIP **Dade City, FL 33525**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **12733 Grand Traverse Dr.**  
CITY-ST-ZIP **Dade City, FL 33525**

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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 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:**

**Lawrence Murray**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-8-07**  
Date

**352-588-3116**  
Daytime Phone #