

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-13-2006 90027 019 ***150.00

DOCUMENT # P05000144660

1. Entity Name
MURPHY SMALL BUSINESS SERVICES, INC.



Principal Place of Business
513 N. BELCHER ROAD
SUITE A
CLEARWATER, FL 33765

Mailing Address
513 N. BELCHER ROAD
SUITE A
CLEARWATER, FL 33765

66002857



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-3683619

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, ROGER J
513 N. BELCHER ROAD
SUITE A
CLEARWATER, FL 33765

7. Name and Address of New Registered Agent

Name STEVEN W. MOORE P.A.

Street Address (P.O. Box Number is Not Acceptable)

8200 BAYAN DAIRY RD.

SUITE 300

City LARGO

FL

Zip Code 33777

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]

2/14/06

Signature, typed or printed name of registered agent and type if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	☐ Delete
NAME	MURPHY, ROGER J	
STREET ADDRESS	513 N BELCHER ROAD, SUITE A	
CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	VP	☒ Delete
NAME	KELLY, JOHN C	
STREET ADDRESS	513 N BELCHER ROAD, SUITE A	
CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	VP	☐ Delete
NAME	OGILVIE, MICHAEL	
STREET ADDRESS	513 N BELCHER ROAD, SUITE A	
CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	VP	☐ Delete
NAME	OGILVIE, KATHLEEN	
STREET ADDRESS	513 N BELCHER ROAD, SUITE A	
CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	VP	☐ Delete
NAME	KATHLEEN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11:11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☒ Addition
NAME	KATHLEEN L. MURPHY	
STREET ADDRESS	513 N. BELCHER RD, SUITE A	
CITY-ST-ZIP	CLEARWATER, FL 33765	
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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/06 727 725 7090

DATE

DATE TIME PHONE