

2007 FOR PROFIT CORPORATION ANNUAL REPORT

1/2:

FILED
Feb 20, 2007 8:00 am
Secretary of State

01-23-2007 90041 037 ***150.00

DOCUMENT # P06000043814					
1. Entity Name J MURRAY & ASSOCIATES, INC.					
Principal Place of Business 2841 S SHINE AVE ORLANDO, FL 32806			Mailing Address 2841 S SHINE AVE ORLANDO, FL 32806		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
01092007 Chg-P CR2E034 (12/06)					
4. FEI Number 34-2062781				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURRAY, JAMES F 2841 S SHINE AVE ORLANDO, FL 32806			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 _____ 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PVST NAME MURRAY, JAMES F STREET ADDRESS 2841 S SHINE AVE CITY-ST-ZIP ORLANDO, FL 32806	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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 an attachment with an address with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			PRESIDENT 1/17/07 4072990086 Date Daytime Phone #		