

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P06000138483**

1. Entity Name  
**GPMURPHY INC.**



Principal Place of Business  
**6033 COUNTRY CLUB ROAD  
WESLEY CHAPEL, FL 33544 US**

Mailing Address  
**6033 COUNTRY CLUB ROAD  
WESLEY CHAPEL, FL 33544 US**



01302008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5804498**

Applied For  
Not Applicable

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

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

**MURPHY, PATRICIA ANN  
6033 COUNTRY CLUB ROAD  
WESLEY CHAPEL, FL 33544**

**DO NOT WRITE  
IN THIS SPACE**

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

*Patricia Murphy*

(NOTE: Registered Agent signature required when reinstating)

*2-10-08*

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**U000000902013  
04/29/08-80092-015 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MURPHY, PATRICIA ANN
STREET ADDRESS	6033 COUNTRY CLUB ROAD
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Patricia Murphy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-10-08*

Date

*813-240-2240*

Daytime Phone #