2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

<u> </u>	AITHUMB III		<u> </u>	
DOCUMENT # P07000110225			· FILED	
1. Entity Name MURPHY'S GOLF ACADEMY INC. Principal Place of Business 11601 4TH STREET NORTH 702 ST. PETERSBURG FL 33716 2. Principal Place of Business - No P.O. Box # 3. Mailing 1.CO 7. Cypress Village Blud Suite, Apt. #. etc. City & State Ruskin, Florida Zip Country Zip 3.357.3 G. Name and Address of Current Registered MURPHY, BRIANNE L.			08 OCT -9 PM 4: 03	
				SECRETARY OF STATE
		•	^·	TALLAHASSEE, FLORIDA
702		702	_) AND IN 18 18 18 18 18 18 18 18 18 18 18 18 18
2 Principal Place of Business - No P.O. Rox # 3. Mailing Address		33716		
1		3. Mailing Address	1Press Villag	100 09/05/08 90003 015 3
		Suite, Apt. #, etc.	3/1633 01113	2nd MOORE CR2E034 (4/08)
City & Sta	nte Florida	City & State	Florida	4. FEI Number 59 - 3333806 Not Applied For Not Applied by
2 10	Country	Zip	Country	5 Certificate of Status Desired Status Desired Status Desired
3357		33573 Registered Agent	1 42V	Fee Required
			Name	
MU	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MURPHY, BRIANNE L 11601 4TH STREET NORTH # 702 ST. PETERSBURG FL 33716 City City City FL Zip Code 3.35.77 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 a the obligations of registered agent. NATURE Significant part or primal name of registered agent agent agent agent agent agent agent of the \$400.00 tate fee. By checking this box, the corporation certifies it Trust Fund Contribution 9. Election Campaign Financing tate fee. By checking this box, the corporation certifies it Trust Fund Contribution Added to E			
# 7	02		106.7	Cypress Village Blog
51.	PETERSBURG FL 337 TO			Zip Code
8. The above	e named entity submits this statement for	the purpose of changing its		28.0
SIGNATURE Signatura Applications of registered agents (NOTE Registered Agent signature required when reversible) DATE Signatural Signature (Signature required when reversible) Signature (Signature required when reversible) Signature (Signature required when reversible)				
SIGNATURE		at Life 4 acti Calcle. (NOT)	E: Registered Agent signature reg	
EH E NOWIN EFE IC SEED AND SHOW SENT 193/2/th) ES allows by the waiser of the \$400.00				
DUE BY September 3, 2008 tate (ee. By checking this box, the corporation certifies it Tous Fund Contribution Added to Fees				
Make Chec	The confidence of the and the little and the second	Farit in		
TITLE	P	☐ Delete	TIFLE	☐ Change ☐ Addition
MAIME STREET ADDRESS	MURPHY, BRIANNE L. 11601 4TH STREET NORTH #702		NAME STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716		CITY-ST-ZIP	
MUT.	VP	Delete	TITLE	☐ Change ☐ Addition
NAME Street Adoress	GUNNIP, CHERYL A 10422 TULIP FIELD WAY	•	NAME STREET ADDRESS	
CITY-SI-ZIP	RIVERVIEW FL 33569		CITY-ST-ZIP	
TITLE NAME	VP Emily Banker	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS	6301 Jowith Lucytishore 1 Empa Florida 331	B17 #1023	STREET ADDRESS	
CTTY-ST-ZPP	Tempa Florida 331		CITY-ST-ZEP	
NAME		☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME CONCER ADDRESS		·	NAME CONTENT ADDRESS	
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP	
TILLE		☐ Delete	TITLE	☐ Change ☐ Addition
MAME STREET ADDRESS			NAME STREET ADORESS	
CITY-ST-ZIP			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 of 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: 9/1/08 127-667-2939				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Prova #				