

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001192

Entity Name: TIM MURPHY INSURANCE, INC.

FILED
Jan 07, 2012
Secretary of State

Current Principal Place of Business:

2851 COUNTY ROAD 210 W
113
JACKSONVILLE, FL 32259

Current Mailing Address:

2851 COUNTY ROAD 210 W
113
JACKSONVILLE, FL 32259

New Principal Place of Business:

140 GATEWAY CIRCLE
1
JACKSONVILLE, FL 32259

New Mailing Address:

140 GATEWAY CIRCLE
1
JACKSONVILLE, FL 32259

FEI Number: 26-1684512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, JAMES T
2851 COUNTY ROAD 210 W
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

MURPHY, JAMES T
140 GATEWAY CIRCLE
1
JACKSONVILLE, FL 32259 US

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.

SIGNATURE: JAMES T MURPHY

01/07/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MURPHY, JAMES T
Address: 929 E. PLEASANT PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP
Name: MURPHY, KERRI E
Address: 929 E. PLEASANT PLACE
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES T MURPHY

P

01/07/2012

Electronic Signature of Signing Officer or Director

Date