

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90009 016 \*\*\*150.00

**44000999**



<b>DOCUMENT # P21956</b> Entity Name <b>J.W. MURRAY CONSTRUCTION CO.</b>			
Principal Place of Business <b>5425 BEAUMONT CENTER BLVD SUITE 918 TAMPA, FL 33634 US</b>		Mailing Address <b>1750 S BRENTWOOD BLVD STE 701 ST LOUIS, MO 63144 US</b>	
<b>2. Principal Place of Business</b> <b>15500 Lightwave Drive</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Clearwater FL</b>		<b>3. Mailing Address</b> Suite, Apt. #, etc.  City & State  Zip <b>33760</b> Country <b>USA</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>COOK, JEFFREY</b> <b>1750 S BRENTWOOD BLVD STE 701</b> <b>ST. LOUIS, MO</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ARNOLDY, RICHARD R</b> <b>1750 S BRENTWOOD BLVD STE 701</b> <b>TAMPA, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ALBERS, GREGORY M</b> <b>5425 BEAUMONT CENTER BLVD SUITE 91B</b> <b>TAMPA, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HOLSTE, STEPHEN F</b> <b>1750 S BRENTWOOD BLVD SUITE 701</b> <b>ST LOUIS, MO</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CLEMENTS, FREDERICK P III</b> <b>5425 BEAUMONT CENTER BLVD STE 918</b> <b>TAMPA, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>1/8/04</b> Daytime Phone <b>314-963-0711</b>	