

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90045 022 ***150.00

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1. Entity Name
MURPHY BUSINESS & FINANCIAL SERVICES, INC.



Principal Place of Business
**2196 MAIN ST.
STE. E
DUNEDIN, FL 34683 US**

Mailing Address
**2196 MAIN ST.
STE. E
DUNEDIN, FL 34683 US**

40002228



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3304927

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**O'CONNOR, PATRICK M
C/O PATEL, MOORE & O'CONNOR, P.A.
18167 U.S. HIGHWAY 19 NORTH, SUITE 461
CLEARWATER, FL 34624**

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPTS
MURPHY, ROGER J
2771 MCNAIR DRIVE, SUITE A
PALM HARBOR, FL 34683**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
KATHLEEN L. MURPHY
2771 MCNAIR DR.
PALM HARBOR, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 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.

SIGNATURE

Roger J. Murphy
ROGER J. MURPHY

Date

Daytime Phone #

1/10/05

727 736 0202