

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90046 050 ***150.00

DOCUMENT # P95000023068

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

2. Principal Place of Business

513 N. BELCHER RD.

3. Mailing Address

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

Zip

33765

Country

FLORIDA

Zip

Country

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/06

Date

727-725-7090

Daytime Phone #