

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P95000023068

**FILED**  
**Aug 07, 2008**  
**Secretary of State****Entity Name:** MURPHY BUSINESS & FINANCIAL SERVICES, INC.**Current Principal Place of Business:**513 N BELCHER RD  
STE A  
CLEARWATER, FL 33765 US**New Principal Place of Business:**513 N BELCHER RD  
CLEARWATER, FL 33765 US**Current Mailing Address:**2196 MAIN ST.  
STE. E  
DUNEDIN, FL 34683 US**New Mailing Address:**513 N BELCHER RD  
CLEARWATER, FL 33765 US**FEI Number:** 59-3304927**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MOORE, STEVEN W  
8200 BRYAN DAIRY ROAD  
SUITE 300  
LARGO, FL 33777 US**Name and Address of New Registered Agent:**

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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** DPTS ( ) Delete  
**Name:** MURPHY, ROGER J  
**Address:** 2771 MCNAIR DRIVE, SUITE A  
**City-St-Zip:** PALM HARBOR, FL 34683**Title:** DVP ( ) Delete  
**Name:** KATHLEEN L. MURPHY,  
**Address:** 2771 MCNAIR DR.  
**City-St-Zip:** PALM HARBOR, FL**Title:** CFO ( ) Delete  
**Name:** GRAMMER, LEE ANN  
**Address:** 4673 TUDOR LANE  
**City-St-Zip:** PALM HARBOR, FL 34683**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** EVP ( ) Change (X) Addition  
**Name:** SINCLAIR, JAMES  
**Address:** 14036 ELLESIMER DR  
**City-St-Zip:** TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** ROGER J MURPHY

DPTS

08/07/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date