


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90090 049 ***150.00

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| DOCUMENT # P95000077274 |  |
| 1. Entity Name ED MURPHY LANDSCAPING, INC. | |

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|---|---|---|---|
| Principal Place of Business 2004 37TH STREET WEST BRADENTON, FL 34205 | <i>NEW ADDRESS</i> 3902 29th Ave W. Bradenton, FL 34205 | Mailing Address 2004 37TH STREET WEST BRADENTON, FL 34205 | <i>3902 29th Ave W. Bradenton, FL 34205</i> |
|---|---|---|---|

40054876



01122007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0620089 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| MURPHY, KEVIN J 2004 37TH STREET WEST BRADENTON, FL 34205 | <i>NEW ADDRESS</i> 3902 29th Ave. W. Bradenton, FL 34205 |

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEB IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MURPHY, EILEEN 2004 37TH STREET WEST BRADENTON, FL 34205 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MURPHY, KEVIN J 2004 37TH STREET WEST BRADENTON, FL 34205 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>NEW ADDRESS</i> 3902 29th Ave. W. Bradenton, FL 34205 |
| 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 exemptions contained 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 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]* **11/5/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #