

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000082139

1. Entity Name
MURPHY FABRICATION, INC.



FILED
Apr 19, 2004 08:00 AM
Secretary of State

Principal Place of Business
**370 N.W. RAILROAD ST.
LAKE CITY, FL 32055 US**

Mailing Address
**370 N.W. RAILROAD ST.
LAKE CITY, FL 32055 US**



04162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3355740

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MURPHY, TIMOTHY B
KILGORE'S REPAIR SHOP
610 W RAILROAD ST
LAKE CITY, FL 32055**

**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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000117363
04/19/04-80016-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MURPHY, TIMOTHY B
STREET ADDRESS	FOREST DR
CITY-ST-ZIP	LAKE CITY, FL
TITLE	VTS
NAME	MURPHY, BRENDA G
STREET ADDRESS	FOREST DR.
CITY-ST-ZIP	LAKE CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04
Date

Daytime Phone #