

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90011 040 ***150.00

DOCUMENT # P95000095376

1. Entity Name
MURRAY MANAGEMENT GROUP, INC.



Principal Place of Business
**116 SHIPYARD ROAD
FREEPORT, FL 32439**

Mailing Address
**P.O. BOX 49
FREEPORT, FL 32439**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05052005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3354370

59-3351266
See Attached

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PERRI, DANIEL C
5 CLIFFORD DRIVE
SHALIMAR, FL 32579**

7. Name and Address of New Registered Agent

Name

James M. Murray

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

116 Shipyard Road

City

Freeport

FL

Zip Code

32439

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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MURRAY, JAMES M**
STREET ADDRESS **21 KRISTIN CIRCLE**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **STD** ☐ Delete
NAME **MURRAY, GAIL**
STREET ADDRESS **21 KRISTIN CIRCLE**
CITY-ST-ZIP **NICEVILLE, FL 32578**

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 **116 Shipyard Road**
CITY-ST-ZIP **Freeport, FL 32439**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **116 Shipyard Road**
CITY-ST-ZIP **Freeport, FL 32439**

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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 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.

James M. Murray 5-6-05

(850)835-4125