
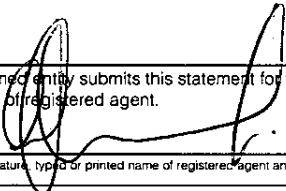
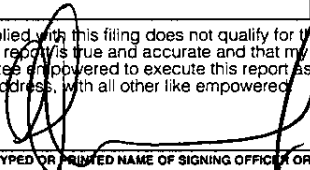


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90054 033 \*\*\*150.00

<b>DOCUMENT # P96000033444</b>			
1. Entity Name <b>MURRAY HOMES, INC.</b>			
Principal Place of Business <b>3424 PINE VALLEY DRIVE SARASOTA, FL 34239 US</b>		Mailing Address <b>3424 PINE VALLEY DRIVE SARASOTA, FL 34239 US</b>	
2. Principal Place of Business <b>1255 Seeds Avenue</b>		3. Mailing Address <b>1255 Seeds Avenue</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>	
4. FEI Number <b>59-3375336</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name <b>MURRAY, STEVE</b>		Name	
Street Address (P.O. Box Number is Not Acceptable) <b>3424 PINE VALLEY DRIVE SARASOTA, FL 34239</b>		Street Address (P.O. Box Number is Not Acceptable) <b>4420 Bayshore Road</b>	
City <b>Sarasota, FL</b>		City <b>Sarasota, FL</b>	
Zip <b>34239</b>		Zip <b>34234</b>	
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: 		DATE: <b>2-27-04</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MURRAY, JOHN P RAMBLE COTTAGE, 21 GARDEN ROAD BURLEY, UK bh244ea <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 586 Spoonbill Drive Sarasota, FL 34236 US
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MURRAY, GLYNIS RAMBLE COTTAGE, 21 GARDEN ROAD BURLEY, UK bh244ea <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 586 Spoonbill Drive Sarasota, FL 34236 US
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MURRAY, STEPHEN J RAMBLE COTTAGE, 21 GARDEN ROAD BURLEY, UK bh244ea <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4420 Bayshore Road Sarasota, FL 34234 US
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: <b>2-27-04</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # <b>941-906-7000</b>	