


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000033444</b> 1. Entity Name MURRAY HOMES, INC.	
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Principal Place of Business 1255 SEEDS AVE. SARASOTA, FL 34237 US	Mailing Address 1255 SEEDS AVE. SARASOTA, FL 34237 US
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**DO NOT WRITE IN THIS SPACE**



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3375336	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MURRAY, STEVE 4420 BAYSHORE RD. SARASOTA, FL 34234	<b>DO NOT WRITE IN THIS SPACE</b>
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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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MURRAY, JOHN P 586 SPOONBILL DR. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MURRAY, GLYNIS 586 SPOONBILL DR. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MURRAY, STEPHEN J 4420 BAYSHORE RD. SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/28/05-80034-009 150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_