

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000033444

Entity Name: MURRAY HOMES, INC.

FILED  
Feb 09, 2006  
Secretary of State

## Current Principal Place of Business:

1255 SEEDS AVE.  
SARASOTA, FL 34237 US

## New Principal Place of Business:

## Current Mailing Address:

1255 SEEDS AVE.  
SARASOTA, FL 34237 US

## New Mailing Address:

FEI Number: 59-3375336

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MURRAY, STEVE  
4420 BAYSHORE RD.  
SARASOTA, FL 34234 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: MURRAY, JOHN P  
Address: 586 SPOONBILL DR.  
City-St-Zip: SARASOTA, FL 34236

Title: DPT ( ) Delete  
Name: MURRAY, GLYNIS  
Address: 586 SPOONBILL DR.  
City-St-Zip: SARASOTA, FL 34236

Title: DPT ( ) Delete  
Name: MURRAY, STEPHEN J  
Address: 4420 BAYSHORE RD.  
City-St-Zip: SARASOTA, FL 34234

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: MURRAY, JOHN P  
Address: 4521 BAY SHORE ROAD  
City-St-Zip: SARASOTA, FL 34236

Title: DPT (X) Change ( ) Addition  
Name: MURRAY, GLYNIS  
Address: 4521 BAY SHORE ROAD  
City-St-Zip: SARASOTA, FL 34234

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN J. MURRAY

DPT

02/09/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date