

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000034752.

1. Entity Name

SARAH MCMURRAY FARRIER SERVICES, INC.



Principal Place of Business

4291 128TH TERRACE S.  
LAKE WORTH, FL 33467

Mailing Address

4291 128TH TERRACE S.  
LAKE WORTH, FL 33467



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0672809

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MCMURRAY, SARAH  
4291 128TH TERRACE S.  
LAKE WORTH, FL 33467

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

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

MCMURRAY, SARAH

STREET ADDRESS

4291 128TH TERRACE S.

CITY - ST - ZIP

LAKE WORTH, FL 33467

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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000000001775  
01/12/04-80025-005 150.00

**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: Sarah Murray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

1-8-04

Daytime Phone #