

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 19, 2004 08:00 AM  
Secretary of State

DOCUMENT # P96000044438

1. Entity Name  
MURBAR CORP.



Principal Place of Business  
10271 HERON WOOD LANE  
P.O. BOX 30968  
PALM BEACH GARDENS, FL 33412 US

Mailing Address  
P.O. BOX 26262  
GREENSBORO, NC 27420 US



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0683602

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

TARKOE, CLINTON M  
307 N.E. 1ST STREET  
POMPAHO BEACH, FL 33060-6607

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 FISHMAN, MAURICE  
STREET ADDRESS P.O. BOX 26262  
CITY-ST-ZIP GREENSBORO, NC 27420

TITLE D  
NAME FISHMAN, BARBARA  
STREET ADDRESS P.O. BOX 26262  
CITY-ST-ZIP GREENSBORO, NC 27420

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000119546  
04/19/04-80103-024 150.00

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)(f), 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 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 #