


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 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
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07072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0683602	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 TARKOE, CLINTON M 307 N.E. 1ST STREET POMPAÑO 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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHMAN, MAURICE P.O. BOX 26262 GREENSBORO, NC 27420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHMAN, BARBARA P.O. BOX 26262 GREENSBORO, NC 27420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/14/05-80001-010 550.00

**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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maurice Fishman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/05 5616305133
Date Daytime Phone #