

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
May 02, 2005 08:00 AM  
Secretary of State

DOCUMENT # P97000080240

1. Entity Name  
JEFFREY THOMAS MURPHY BUILDERS, INC.



Principal Place of Business  
27 MILLER ROAD  
LAKE WORTH, FL 33461

Mailing Address  
27 MILLER ROAD  
LAKE WORTH, FL 33461



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0789451	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

MURPHY, JEFFREY T  
109 CANTON ROAD  
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 re-instating)

DATE

4.15.05

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U00000355265  
05/03/05-80140-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MURPHY, JEFFREY T
STREET ADDRESS	109 CANTON ROAD
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VPO
NAME	MACHLACHLAN, DOUGLAS
STREET ADDRESS	10936 GRANITE STREET
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	VPR
NAME	CERRETA, RICHARD D
STREET ADDRESS	1062 B SUMMIT TRAIL CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-05 561-963-7386