

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91211 049 ***150.00

DOCUMENT # P97000083443

1. Entity Name
 MURPHY CONSTRUCTION OF PINELLAS, INC.



Principal Place of Business
 8876 95TH STREET NORTH
 SEMINOLE, FL 33777

Mailing Address
 8876 95TH STREET NORTH
 SEMINOLE, FL 33777

24066252



2. Principal Place of Business
 3883 46th Ave. S.
 Suite, Apt. #, etc.

3. Mailing Address
 3883 46th Ave. S.
 Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State
 St. Petersburg, FL
 Zip 33711 Country USA

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 St. Petersburg, FL
 Zip 33711 Country USA

4. FEI Number
 59-3470784 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NABOZNY, KIRK S
 8876 95TH STREET NORTH
 SEMINOLE, FL 33777

7. Name and Address of New Registered Agent
 Name Kirk S. Nabozny
 Street Address (P.O. Box Number is Not Acceptable)
 3883 46th Ave. S.
 City St. Petersburg FL Zip Code 33711

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		<input type="checkbox"/> Delete
TITLE	P	<input type="checkbox"/> Delete
NAME	NABOZNY, KIRK S	
STREET ADDRESS	8876 95TH STREET NORTH	
CITY-ST-ZIP	SEMINOLE, FL 33777	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	3883 46th Ave. S.		
CITY-ST-ZIP	St. Petersburg, FL 33711		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 # _____