

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 Country
33711 USA

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St. Petersburg, FL
Zip Country
33711 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

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 P
NAME NABOZNY, KIRK S
STREET ADDRESS 8876 95TH STREET NORTH
CITY-ST-ZIP SEMINOLE, FL 33777 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 3883 46th Ave. S.
CITY-ST-ZIP St. Petersburg, FL 33711 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 #