2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPURT (AR)				¬ Feb 04, 2004 8:00 am
DOCUMENT # P97000101450				Secretary of State
THE MURRAY ORGANIZATION, INC.				02-04-2004 90024 036 ***1 50.00
Principal Place	e of Business	Mailing Address	-	
1620 TIMAC	UAN WAY	1620 TIMACUANWAY	1	
SUITE 124 LONGWOOD FL 32750		SUITE 124 LONGWOOD FL 3275	, O	
7		(-))		.
2. Principal Place of Business		3. Mailing Address		
1553 LANGHAM TER		/ /553 _/4N Suite. Apt. #. etc.	GIVAM TER	
Suite, Apt. #, etc.		Suite, Apr. #, etc.		MOORE CR2E034 (11/03)
City & State		City & State		4, FEI Number 59-3485459 Applied For
	THROW	ITENTINOW Zip	Country	¢0.75 A.Main-1
Zip 3279	Country 46 USA	32746	US'A	5. Certificate of Status Desired Fee Required
	6. Name and Address of Current			7. Name and Address of New Registered Agent
Name MURRAY, MICHARE F.				
MURRAY, MICHAEL F Street Address (P.O. Box Number is Not Acceptable)				
HEATHROW FL 32746				
			City	Zin Code
City / EATINROW FL Zip Code 32796				
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.				
The Man Man				
SIGNATURE McChael T- Mouray PRESIDENT - MICHAEL F- MURRAY 1-27-09 Signature, typed or printed name of registered agent and title if applicable. To (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00				
After May 1, 2004 Fee will be \$550.00 State Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
THLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MURRAY, MICHAEL F		NAME STREET ADDRESS	•
STREET ADDRESS CITY-ST-ZIP	1553 LANGHAM TERR HEATHROW FL 32746		CITY-ST-ZIP	
TMLE	,	☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS		•	STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP		Delete	TITLE	Change Addition
NAME		Delete	NAME	- A Committee of the co
STREET ADDRESS			STREET ADDRESS	•
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE NAME	☐ Change ☐ Addition
NAME STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME CTOSET + DDSECO			NAME empres and desc	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		AL ALIA EDAN ALIA NA CONTRACTOR DE LA CO	CITY-ST-ZIP	n Continu 110 07/2Vi) Elecido Statutos I further agrifu that the information
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				
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 in changed, or on an attachment with an address, with all other like empowered. MICNAEL F. MURRAY				
CIONATURE MICHAEL MANNER PRECINENT 1-27-06 (407)444-5/16				
SIGNATURE: Mcckarl of March Property 1-27-04 (407)444-5664 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE POR DIRECTOR Date Daytime Prope #				
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