

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90024 036 ***150.00

DOCUMENT # P97000101450

1. Entity Name

THE MURRAY ORGANIZATION, INC.



Principal Place of Business

1620 TIMACUAN WAY
SUITE 124
LONGWOOD FL 32750

Mailing Address

1620 TIMACUAN WAY
SUITE 124
LONGWOOD FL 32750

2. Principal Place of Business

1553 LANGHAM TER

3. Mailing Address

1553 LANGHAM TER.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HEATHROW

City & State

HEATHROW, FL

Zip

32746

Country

USA

Zip

32746

Country

USA

6. Name and Address of Current Registered Agent

MURRAY, MICHAEL F
1526 CHERRY LANE WAY
HEATHROW FL 32746

7. Name and Address of New Registered Agent

Name: MURRAY, MICHAEL F.
Street Address (P.O. Box Number is Not Acceptable): 1553 LANGHAM TER
City: HEATHROW FL Zip Code: 32746

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: Michael F. Murray PRESIDENT - MICHAEL F. MURRAY 1-27-04
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, MICHAEL F	
STREET ADDRESS	1553 LANGHAM TERR	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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: Michael F. Murray PRESIDENT 1-27-04 (407)444-5664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #