

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000010165

1. Entity Name
MURRAY MANAGEMENT INC.



FILED

07 APR 23 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
6525 SOUTHERN BLVD
UNITS 8 & 9
WEST PALM BEACH, FL 33413

Mailing Address
6525 SOUTHERN BLVD
UNITS 8 & 9
WEST PALM BEACH, FL 33413

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-0809995

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRAY, CARL
6697 EAGLE RIDGE DRIVE
GREENACRES, FL 33413

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 renouncing)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

700102237367
05/14/07--01009--004 **61.25

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
MURRAY, CARL
6697 EAGLE RIDGE DRIVE
GREENACRES, FL 33413 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
DRAGULA, MARK
9050 WHIPPOORWILL PASS
WEST PALM BEACH, FL 33411 ☒ Delete

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

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CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

CARL MURRAY

4/20/07

561-689-2632

24/27