


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90038 028 ***150.00

DOCUMENT # P98000073039	
1. Entity Name MURRAY TECHNICAL SALES, INC.	

Principal Place of Business 1392 N.W. 83RD AVENUE CORAL SPRINGS, FL 33071	Mailing Address 1392 N.W. 83RD AVENUE CORAL SPRINGS, FL 33071
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2. Principal Place of Business 10123 Wild Quail Dr.	3. Mailing Address 10123 Wild Quail Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Port Saint Lucie, FL.	City & State Port Saint Lucie, FL.
Zip 34986	Country U.S.A.
Zip 34986	Country U.S.A.

6. Name and Address of Current Registered Agent WILNER, STANFORD E 10123 WILD QUAIL DR PORT ST LUCIE, FL 34986	
7. Name and Address of New Registered Agent Name WILNER, STANFORD E. Street Address (P.O. Box Number is Not Acceptable) 10123 WILD QUAIL DR. City PORT SAINT LUCIE FL Zip Code 34986	

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 **Stanford E. Wilner** DATE **1/12/05**

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILNER, STANFORD E 1392 NW 83 AVE CORAL SPGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILNER, STANFORD E. 10123 WILD QUAIL DR. PORT SAINT LUCIE, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST WILNER, YVETTE B 1392 NW 83 AVE CORAL SPGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST WILNER, Yvette B. 10123 WILD QUAIL DR. PORT SAINT LUCIE, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **STANFORD E. WILNER** **Stanford E. Wilner** DATE **1/12/05** DAYTIME PHONE # **772 460 0719**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR