2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Mar 29, 2007 08:00 A Secretary of State DOCUMENT # P99000007922 1. Entity Name MURPHY'S SERVICE AND REPAIR, INC. Principal Place of Business Mailing Address 3269 U.S. HWY. 90 EAST P.O. BOX 347 DEFUNIAK SPRINGS FL 32433 **DEFUNIAK SPRINGS FL 32433** 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3561571 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo MURPHY, ROY L 3269 U.S. HWY. 90 EAST Street Address (P.O. Box Number is Not Acceptable) **DEFUNIAK SPRINGS FL 32433** 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) FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ШШ ☐ Defete ☐ Change Addition HIII. MURPHY, ROY L NAM NAMI P.O. BOX 347 STREET ADDRESS STREET ADDRESS **DEFUNIAK SPRINGS FL 32433** CITY-S1-7IP CITY-S1-7IP TITLE Delele [[][] MURPHY, PAMLA J NAME PO BOX 1104 STREET ADDRESS STRUCT ADDRESS DEFUNIAK SPRINGS FL 32433 CDY-S1-7IP CHY-SI-ZIP Intri ☐ Delete шт ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY+SI-7IP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY-SI-702 1011. ☐ Defete Change Addition 100 NAMI STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-S1-ZIP Delete TITLE ☐ Change Addition NAM! NAME STRUET ADDRESS STREET ADDRESS CHY-SI-7IP CHY-ST-ZIP

12. I horoby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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 life empowered.

SIGNATURE:

3-27-07 850892-2914