

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000020181

FILED
Feb 12, 2005
Secretary of State

Entity Name: MURPHREE LAW OFFICES, P.A.

Current Principal Place of Business:

4035 ATLANTIC BLVD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4035 ATLANTIC BLVD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3560173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHREE, CLYDE E
2414 PINE ISLAND CT
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

MURPHREE, CLYDE E
33 COMARES AVE
301
ST. AUGUSTINE, FL 32080 US

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.

SIGNATURE:

02/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MURPHREE, CLYDE E
Address: 2414 PINE ISLAND CT
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MURPHREE, CLYDE E
Address: 33 COMARES AVE 301
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLYDE MURPHREE

OWNE

02/12/2005

Electronic Signature of Signing Officer or Director

Date