


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

04-17-2006 90382 004 ***150.00
05-08-2006 90268 046 ***150.00

DOCUMENT # P99000020181 1. Entity Name MURPHREE LAW OFFICES, P.A.					
Principal Place of Business 4035 ATLANTIC BLVD JACKSONVILLE, FL 32207			Mailing Address 4035 ATLANTIC BLVD JACKSONVILLE, FL 32207		
2. Principal Place of Business 2700-Ct. University Blvd		3. Mailing Address 33 Comares Ave, #301			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Jacksonville, FL		City & State St Augustine, FL		4. FEI Number 59-3560173	
Zip 32217		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURPHREE, CLYDE E 33 COMARES AVE 301 ST. AUGUSTINE, FL 32080			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE:</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURPHREE, CLYDE E <input type="checkbox"/> Delete 33 COMARES AVE 301 ST. AUGUSTINE, FL 32080		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Charles E Bone</u>			CHARLES E. BONE, CPA # 2593 4-28-06 904-389-2725		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		