


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90044 050 ***150.00

DOCUMENT # P99000036936	
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1. Entity Name
MURPHY'S LAND SURVEYING, INC.

Principal Place of Business 5760 11TH AVE N SAINT PETERSBURG, FL 33710 US	Mailing Address 5760 11TH AVE N SAINT PETERSBURG, FL 33710 US
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03132004 Chg-P CR2E034 (10/03)



2. Principal Place of Business 5750 11th Avenue N.	3. Mailing Address 5750 11th Avenue N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03132004 Chg-P CR2E034 (10/03)

City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33710	Country Pinellas
Zip 33710	Country Pinellas

4. FEI Number 59-3586079	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LECOMPT, MORRIS A
100 SECOND AVENUE SOUTH, SUITE 1201
ST. PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

Name Morris A. LeCompte
Street Address (P.O. Box Number is Not Acceptable) 800 Second Avenue S. - Suite 380
City St. Petersburg
State FL
Zip Code 33701

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 **Morris A. LeCompte**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-16-04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> Delete
NAME MURPHY, EDWARD D	
STREET ADDRESS 5760 11TH AVE N	
CITY-ST-ZIP SAINT PETERSBURG, FL 33710	
TITLE ST	<input type="checkbox"/> Delete
NAME MURPHY, ARLENE	
STREET ADDRESS 5760 11TH AVE N	
CITY-ST-ZIP SAINT PETERSBURG, FL 33710	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5750 11th Avenue N.	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5750 11th Avenue N.	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Edward D. Murphy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-04

Date

727/347-8740

Daytime Phone #