2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jul 30, 2004 8:00 am Secretary of State DOCUMENT # S85997 07-30-2004 90009 015 ***150.00 1. Entity Name H.R. MURRAY, INC. Principal Place of Business Mailing Address 181 N.W. 20TH STREET BOCA RATON FL 33431-7946 181 N.W. 20TH STREET 44050986 **BOCA RATON FL 33431-7946** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034_(4/04).___ City. & State City & State 4. FEI Number Applied For 59-3089845 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 Name MURRAY, HARRY R. Street Address (P.O. Box Number is Not Acceptable) 6015 VERDE TRAIL SOUTH **BLDG L-315 BOCA RATON FL 33433** Zip Code City 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 \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition MURRAY; HARRY R STREET ADDRESS 6015 VERDE TRAIL SOUTH #L-315 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP Delete Change ☐ Addition NAME MURRAY, ETHEL F NAME STREET ADDRESS 6015 VERDE TRAIL SOUTH #L-315 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL, 33433** CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME MURRAY, RICHARD T NAME STREET ADDRESS 575 NW 13TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED