

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # V06956

1. Entity Name

MURPHY DEVELOPMENT OF OCALA, INC.



Principal Place of Business

4929 SW 2ND CT
OCALA FL 34474
US

Mailing Address

PO BOX 4394
OCALA FL 34478-4394
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-3212694

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, BARBARA S
4929 SW 2ND CT
OCALA FL 34474

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 transferring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME: PTD
STREET ADDRESS: KAUFMAN, KATHRYN M
CITY- ST- ZIP: 4900 S.W. 1ST AVE.
OCALA FL 34474 ☐ Delete

TITLE
NAME: V
STREET ADDRESS: MURPHY, BARBARA SUE
CITY- ST- ZIP: 4929 SW 2ND CT
OCALA FL 34474 ☐ Delete

TITLE
NAME: V
STREET ADDRESS: KAUFMAN, MICHAEL J
CITY- ST- ZIP: 4900 S.W. 1ST AVE.
OCALA FL 34474 ☐ Delete

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY- ST- ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY- ST- ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS: 000000621609
CITY- ST- ZIP: 02/12/07-80023-022 158.75

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY- ST- ZIP:

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY- ST- ZIP:

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NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY- ST- ZIP:

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY- ST- ZIP:

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY- ST- ZIP:

12. I hereby certify 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 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: Barbara S. Murphy VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-07 352-873-8005
Date Daytime Phone #