

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V19673**

1. Entity Name

MURRAY MARINE SALES & SERVICE, INC.



Principal Place of Business

5710 US 1 MM5  
KEY WEST FL 33040  
US

Mailing Address

411 CACTUS DR  
KEY WEST FL 33040  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0316476

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MURRAY, DAVID J  
411 CACTUS DR  
KEY WEST FL 33040

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, DAVID J	
STREET ADDRESS	5710 US HIGHWAY 1	
CITY- ST- ZIP	KEY WEST FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MURRAY, MARY	
STREET ADDRESS	5710 US HIGHWAY 1	
CITY- ST- ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY- ST- ZIP	

1100000228178  
02/14/05-80029-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Mary C. Murray*

MARY C. MURRAY

2/10/05 750-4509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

02-305-2941-200