

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0316476**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

MURRAY, DAVID J
411 CACTUS DR
KEY WEST FL 33040

7. Name and Address of New Registered Agent

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-STATE-ZIP	U00000601236 01/26/07-80041-023 150.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-STATE-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: Mary C. Murray MARY C. MURRAY, 1/19/07 305294-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #