

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90471 034 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

60032617

DOCUMENT # V23175					
1. Entity Name MURPHY WALL BEDS, INC.					
Principal Place of Business 501 GOODLETTE RD B-204 NAPLES, FL 34102 US			Mailing Address 501 GOODLETTE RD B-204 NAPLES, FL 34102 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0319538	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REEVES, WANDA L 501 GOODLETTE ROAD SUITE B204 NAPLES, FL 33940			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 _____ (NOTE: Registered Agent signature required when rendering) Signature, typed or printed name of registered agent, and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00			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 NAME STREET ADDRESS CITY- ST- ZIP	D ROBISON, PHILIP D. 2200 KINGS HIGHWAY, # 2F PORT CHARLOTTE, FL 33980 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	2200 Kings Highway, Unit #3J ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/28/06 941-743-2337 Date Daytime Phone		