


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 385502
 1. Entity Name
MORRIS HOLDINGS, INC.



Principal Place of Business Mailing Address
 1650 CR 210 WEST 1650 CR 210 WEST
 JACKSONVILLE, FL 32259 JACKSONVILLE, FL 32259



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1351900 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MORRIS, ROBERT
 1650 CR 210 W
 JACKSONVILLE, FL 32259

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

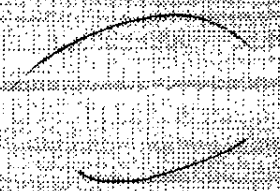
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1100000112390
 04/14/04-80020-019:150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORRIS, G H
STREET ADDRESS	1024 US 301 SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32234
TITLE	VP
NAME	MORRIS, G ROBERT
STREET ADDRESS	1650 CR 210 WEST
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	S
NAME	MORGAN, CLARISSA M
STREET ADDRESS	2311 ODUM HWY
CITY-ST-ZIP	JESUP, GA 31545
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE:  **G. Robert Morris, V.P.** **3/9/04** **(904) 596-0979**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **412**