

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 385502**

1. Entity Name  
**MORRIS HOLDINGS, INC.**



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

Mailing Address  
 1650 CR 210 WEST  
 JACKSONVILLE, FL 32259



01102005 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**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	

**DO NOT WRITE IN THIS SPACE**

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/ies empowered.

SIGNATURE: G. Robert Morris **G. Robert Morris** 3/22/2005 (904) 596-0979  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **02,12**