


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 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	<div style="text-align: center;">  01032006 No Chg-P CR2E034 (11/05) </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">4. FEI Number 59-1351900</td> <td style="padding: 2px;">Applied For Not Applicable</td> </tr> <tr> <td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td> </tr> </table>	4. FEI Number 59-1351900	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 59-1351900	Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
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 reinstating) DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable.</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, G H 1024 US 301 SOUTH JACKSONVILLE, FL 32234	U000007446147 03/08/06 00001-009 150.00 DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRIS, G ROBERT 1650 CR 210 WEST JACKSONVILLE, FL 32259					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORGAN, CLARISSA M 2311 ODUM HWY JESUP, GA 31545					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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: <u>G Robert Morris VP</u> 2/13/2006 (904) 596-0979 #12 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						