


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90206 008 \*\*\*150.00

DOCUMENT #  
1. Entity Name  
**K 68724**  
**THOMAS MORGAN HOMES INC.**



**DO NOT WRITE IN THIS SPACE**

**24083993**

2. Principal Place of Business  
**1692 TEMPLE TERRACE**  
Suite, Apt. #, etc.

3. Mailing Address  
**2419 EAST MAIL DR**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**N. FT. MYERS**

City & State  
**FT. MYERS**

Zip  
**33917** Country  
**USA**

Zip  
**33901** Country  
**USA**

4. FEI Number  
**65-0106834**

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**THOMAS O. MORGAN**

Street Address (P.O. Box Number is Not Acceptable)  
**1692 TEMPLE TERRACE**

City  
**N. FT. MYERS FL** Zip Code  
**33917**

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

DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 <b>PRESIDENT</b>	NAME <b>THOMAS O. MORGAN</b>	TITLE	
STREET ADDRESS <b>1692 TEMPLE TERRACE</b>	CITY-ST-ZIP <b>N. FT. MYERS, FL 33917</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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**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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas Morgan* **9/2/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/02)

ATTACHMENT  
241080997  
~~H 68724~~

July 14, 2004

Florida Department of State

Enclosed is our 2004 annual report and a check for \$ 150.00. We never received the form in the mail and we request that the late payment fee be waived.

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Thank you.

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