


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N04308

1. Entity Name
MORRIS INDUSTRIAL PARK OWNERS ASSOCIATION, INC.



Principal Place of Business 2033 MAIN ST. STE 600 POSTAL DRAWER 4195 SARASOTA, FL 34230	Mailing Address 2033 MAIN ST. STE 600 POSTAL DRAWER 4195 SARASOTA, FL 34230
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01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 58-1824318	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BARTLETT, CHARLES J.
 2033 MAIN ST. STE 600
 SARASOTA, FL 34237**

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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)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

000000648156
 03/06/07-80100-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARSHALL, CHARLES L. II 900 S.PERRY STREET DAYTON, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MARSHALL, JOHN L. 900 S.PERRY STREET DAYTON, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, JOHN L. 900 S.PERRY STREET DAYTON, OH
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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 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 617, 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: *John L Marshall VST* 3/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #