

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000059462

FILED
Jan 05, 2004
Secretary of State

Entity Name: TOPHER MORRISON, INC.

Current Principal Place of Business:

507 S WILLOW AVE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

507 S WILLOW AVE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 94-3401351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDON, JEFFREY L ESQ.
101 EAST KENNEDY BOULEVARD
SUITE 3170
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORRISON, CHRISTOPHER
Address: 507 S WILLOW AVENUE
City-St-Zip: TAMPA, FL 33606

Title: VD () Delete
Name: EDMEADES, ERIC
Address: 507 S WILLOW AVENUE
City-St-Zip: TAMPA, FL 33606

Title: SD () Delete
Name: MCGARVEY, STEPHEN
Address: 507 S WILLOW AVENUE
City-St-Zip: TAMPA, FL 33606

Title: TD () Delete
Name: DOTY, MARC
Address: 507 S WILLOW AVENUE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER MORRISON

PD

01/05/2004

Electronic Signature of Signing Officer or Director

_____ Date