


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000059462
 1. Entity Name
TOPHER MORRISON, INC.



Principal Place of Business 507 S WILLOW AVE TAMPA, FL 33606	Mailing Address 507 S WILLOW AVE TAMPA, FL 33606
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DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 94-3401351	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
**GORDON, JEFFREY L ESQ.
 101 EAST KENNEDY BOULEVARD
 SUITE 3170
 TAMPA, FL 33602**

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD MORRISON, CHRISTOPHER 507 S WILLOW AVENUE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDMEADES, ERIC 507 S WILLOW AVENUE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGARVEY, STEPHEN 507 S WILLOW AVENUE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOTY, MARC 507 S WILLOW AVENUE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/04/05-80017-007 150.00

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **Date:** 1/30/2005 **Daytime Phone #:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR