


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # P01000102687

1. Entity Name
LAW OFFICE OF JOAN MORRISON, P.A.



Principal Place of Business Mailing Address

2800 WEST OAKLAND PARK BLVD **2800 WEST OAKLAND PARK BLVD**
207A **207A**
OAKLAND PARK, FL 33311 **OAKLAND PARK, FL 33311**



03122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1155408	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON, JOAN
2800 WEST OAKLAND PARK BLVD
207A
OAKLAND PARK, FL 33311

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P MORRISON, JOAN 2800 WEST OAKLAND PARK BLVD, STE 207 OAKLAND PARK, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMILTON, WAYNE 1455 NW 113TH WAY PEMBROKE PINES, FL 33026
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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 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: *Joan Morrison* **3/13/07** **984 681 4801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #