


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90034 008 ***150.00

DOCUMENT # P95000056529
 1. Entity Name
R. BARRY MORGAN, P.A.



Principal Place of Business Mailing Address
501 EAST SOUTH STREET SUITE B ORLANDO FL 32801 **501 EAST SOUTH STREET SUITE B ORLANDO FL 32801**

34060040



2. Principal Place of Business 3. Mailing Address
529 N. Magnolia Ave **529 N. Magnolia Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

MOORE CR2E034 (11/03)

City & State City & State
Orlando, FL **Orlando, FL**
 Zip Country Zip Country
32801 **Orange** **32801** **Orange**

4. FEI Number Applied For
59-3335324 Not Applicable

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

6. Name and Address of Current Registered Agent
MORGAN, R. BARRY
501 EAST SOUTH STREET
SUITE B
ORLANDO FL 32801

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
529 N. Magnolia Ave
 City State Zip Code
Orlando **FL** **32801**

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MORGAN, R. BARRY | |
| STREET ADDRESS | 501 EAST SOUTH STREET | |
| CITY-ST-ZIP | ORLANDO FL 32801 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|-----------------------------------|
| TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 529 N. Magnolia Avenue | |
| CITY-ST-ZIP | Orlando, FL 32801 | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: **2/25/04** Daytime Phone #: **407 246 7099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR