

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # K64497 1. Entity Name THE A.D. MORGAN CORPORATION	
---	---

Principal Place of Business
716 NORTH RENELLIE DRIVE
TAMPA, FL 33609 US

Mailing Address
716 NORTH RENELLIE DRIVE
TAMPA, FL 33609 US

DO NOT WRITE IN THIS SPACE



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2933439	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CFRA, LLC
% CARLTON FIELDS, ONE HARBOUR PLACE
777 SOUTH HARBOUR ISLAND BLVD.
TAMPA, FL 33602-5730

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	DPM SMITH, REBECCA J. 933 SOUTH HIMES AVENUE TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SMITH, JOHN G. 61 RIVERVIEW TERRACE INDIALANTIC, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS KALAF, JOHN 117 LAUREL TREE WAY BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000131922
04/27/04-00026-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officer 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04

(813) 832-3033
Daytime Phone #