2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 210633

1. Entity Name
THE ALLEN MORRIS COMPANY

Principal Place of Business	Mailing Address
121 ALHAMBRA PLAZA PENTHOUSE I, SUITE 1600 CORAL GABLES, FL 33134	121 ALHAMBRA PLAZA PENTHOUSE I, SUITE 1600 CORAL GABLES, FL 33134

01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0824139
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RENTZ, R. LARRY
121 ALHAMBRA PLAZA
PENTHOUSE I, SUITE 1600
CORAL GABLES, FL 33134

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORRIS, W. ALLEN
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	DV
NAME	BELL, JAMES F JR.
STREET ADDRESS	1160 JOHNSON FERRY ROAD
CITY-ST-ZIP	ATLANTA, GA 30319
TITLE	V
NAME	MARTYN, LYMAN W
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	V
NAME	GRAHAM, DALE I
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	T
NAME	GIL, YAZMIN
STREET ADDRESS	121 ALHAMBRA PLAZA, SUITE 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/16/06-80010-003 150.00

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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: Lyman Martyn LYMAN MARTYN 1/27/2006 305-443-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #