

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000045976

**Entity Name:** MORPHOTO, INC.

**Current Principal Place of Business:**

1980 HILLSIDE DRIVE  
MOUNT DORA, FL 32757

**Current Mailing Address:**

POST OFFICE BOX 184  
MOUNT DORA, FL 32756-0184 US

**FEI Number: 65-1113384**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LIPPINCOTT, JILLEN  
1980 HILLSIDE DRIVE  
MOUNT DORA, FL 32757 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MORRIS, PAUL  
Address P. O. BOX 184  
City-State-Zip: MOUNT DORA FL 32756-0184

Title VD  
Name LIPPINCOTT, JILLEN  
Address P. O. BOX 184  
City-State-Zip: MOUNT DORA FL 32756-0184

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JILLEN LIPPINCOTT**

**VICE PRESIDENT**

**01/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date