

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 276933

FILED
Jan 03, 2011
Secretary of State

Entity Name: MORRISON TUNG OIL COMPANY

Current Principal Place of Business:

11597 BURKE POND LANE, NW
ALTHA, FL 32421 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 603
ALTHA, FL 32421 US

New Mailing Address:

340 TUSCANY WAY
#305
MELBOURNE, FL 32940 US

FEI Number: 59-1088073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGDON G. MORRISON
11597 BURKE POND LANE, NW
ALTHA, FL 32421 US

Name and Address of New Registered Agent:

MORRISON, NICOLE B
340 TUSCANY WAY
#305
MELBOURNE, FL 32940 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: NICOLE B. MORRISON

01/03/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MORRISON, NICOLE B
Address: 340 TUSCANY WAY APT #305
City-St-Zip: MELBOURNE, FL 32940

Title: SD
Name: MORRISON, NATALIE
Address: 340 TUSCANY WAY APT #305
City-St-Zip: MELBOURNE, FL 32940

Title: D
Name: MORRISON, TREY
Address: 340 TUSCANY WAY APT #305
City-St-Zip: MELBOURNE, FL 32940

Title: D
Name: MORRISON, HEATHER
Address: 340 TUSCANY WAY APT #305
City-St-Zip: MELBOURNE, FL 32940

Title: D
Name: MORRISON, LANGDON G JR
Address: 340 TUSCANY WAY APT #305
City-St-Zip: MELBOURNE, FL 32940

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: NICOLE B. MORRISON

PD

01/03/2011

Electronic Signature of Signing Officer or Director

Date