## 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT# 348714** 

Entity Name: MORRELL'S, INC.

## FILED Oct 12, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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RT. 11, BOX 20 461 SW DEPUTY J DAVIS LANE LAKE CITY, FL 32024 US LAKE CITY, FL 32024 US

Current Mailing Address: New Mailing Address:

RT. 11, BOX 20 461 SW DEPUTY J DAVIS LANE LAKE CITY, FL 32024 US LAKE CITY, FL 32024 US

FEI Number: 59-1269534 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HALEY, WILLIAM WILLIAM HALEY
MADISON ST
LAKE CITY, FL US WILLIAM HALEY
MADISON ST
LAKE CITY, FL 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: WILLIAM HALEY 10/12/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition MORRELL, HOWARD W, DAVID WAYNE MORRELL. Name: Name: RT 21 BX 545-1 212 SW COTTAGE GLEN Address: Address: City-St-Zip: LAKE CITY, FL City-St-Zip: LAKE CITY, FL 32024

Title: P ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 MORRELL, DAVID W,
 Name:
 GWEN PARRISH,

 Address:
 RT 21 BX 544
 Address:
 330 SW COTTAGE GLEN

 City-St-Zip:
 LAKE CITY, FL
 City-St-Zip:
 LAKE CITY, FL 32024

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

Name: PARRISH, GWEN, Name: RHONDA MABILE,

Address: RT 21 BX 542 Address: 1120 SW HOPE HENRY STREET

City-St-Zip: LAKE CITY, FL City-St-Zip: LAKE CITY, FL 32024

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: BARWICK, VONADA Name: VONADA BARWICK,

Address: RT 21 BX 543 Address: 366 SW COTTAGE GLEN City-St-Zip: LAKE CITY, FL 32024

Title: VP (X) Delete Title: ( ) Change ( ) Addition

| MABILE, RHONDA, Name:
| Address: RT 22 BX 2890 Address: City-St-Zip: LAKE CITY, FL City-St-Zip: AKE CITY, FL City-St-Zip: AKE CITY, FL City-St-Zip: AKE CITY, FL City-St-Zip: City-St-Zip

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DAVID MORRELL P 10/12/2005