

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90038 044 ***150.00

DOCUMENT # 385502

1. Entity Name
MORRIS HOLDINGS, INC.



Principal Place of Business
1650 CR 210 WEST
JACKSONVILLE, FL 32259

Mailing Address
1650 CR 210 WEST
JACKSONVILLE, FL 32259

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1351900

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MORRIS, ROBERT
1650 CR 210 W
JACKSONVILLE, FL 32259

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORRIS, G H
STREET ADDRESS	1024 US 301 SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32234
TITLE	VP
NAME	MORRIS, G ROBERT
STREET ADDRESS	1650 CR 210 WEST
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	S
NAME	MORGAN, CLARISSA M
STREET ADDRESS	2311 ODUM HWY
CITY-ST-ZIP	JESUP, GA 31545
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 596-0979
Daytime Phone # 6412