# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 15, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # 415254

1. Entity Name
DICK MORRISON, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3904 TIMUCUA TRAIL<br>JACKSONVILLE, FL 32277 US | 3904 TIMUCUA TRAIL<br>JACKSONVILLE, FL 32277 US |

01292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-1429895
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORRISON, KAY A
3904 TIMUCUA TRAIL
JACKSONVILLE, FL 32277

**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 _____ 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, 2004 Fee will be $550.00**

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

U00000113279
04/15/04-80003-005 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | MORRISON, R.M. |
| STREET ADDRESS | 3904 TIMUCUA TRAIL |
| CITY-ST-ZIP | JACKSONVILLE, FL |
| TITLE | PSTD |
| NAME | MORRISON, KAY A |
| STREET ADDRESS | 3904 TIMUCUA TRAIL |
| CITY-ST-ZIP | JACKSONVILLE, FL |
| TITLE | VD |
| NAME | SCIALDONE-MORRISON, NANCY E.M. |
| STREET ADDRESS | 2100 RIDGEWIND WAY |
| CITY-ST-ZIP | WINDERMERE, FL 34786 |
| TITLE | VD |
| NAME | HARKNESS, SUSAN M. |
| STREET ADDRESS | 8995 COOK-UNDERWOOD RD |
| CITY-ST-ZIP | UNDERWOOD, WA 98651 |
| 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 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 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:** Kay A. Morrison 04-14-04 904-743-2648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KAY A. MORRISON