


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 415254</b> 1. Entity Name <b>DICK MORRISON, INC.</b>	
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Principal Place of Business 3904 TIMUCUA TRAIL JACKSONVILLE, FL 32277 US	Mailing Address 3904 TIMUCUA TRAIL JACKSONVILLE, FL 32277 US
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1429895	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

100000258678  
03/10/05-80050-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, R.M. 3904 TIMUCUA TRAIL JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MORRISON, KAY A 3904 TIMUCUA TRAIL JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCIALDONE-MORRISON, NANCY E.M. 2100 RIDGEWIND WAY WINDERMERE, FL 34766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARKNESS, SUSAN M. 8995 COOK-UNDERWOOD RD UNDERWOOD, WA 98651
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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 807, 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, PRES. 03-08-05 904-743-2688  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KAY A. MORRISON