

**2007 FOR PROFIT CORPORATION ·  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 415254**

1. Entity Name  
**DICK MORRISON, INC.**



Principal Place of Business  
**3904 TIMUCUA TRAIL  
JACKSONVILLE, FL 32277 US**

Mailing Address  
**3904 TIMUCUA TRAIL  
JACKSONVILLE, FL 32277 US**

**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-P CR2E034 (11/05)

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 \_\_\_\_\_

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	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	5895 GLADSTONE ST
CITY-ST-ZIP	COLORADO SPRINGS, CO 80906
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	

U00000705210  
04/23/07-80043-010 150.00

**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

04-11-07 904-744-1452

Date

Daytime Phone #

TRES.

KAY A. MORRISON