


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 437771	
1. Entity Name MORRISON ELECTRIC, INC.	

Principal Place of Business 757 PONDELLA RD. NORTH FORT MYERS, FL 33903	Mailing Address 757 PONDELLA RD. NORTH FORT MYERS, FL 33903
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DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1501219	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MORRISON, SARA J.
757 PONDELLA ROAD
NORTH FORT MYERS, FL 33903**

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRISON, JACK L.JR. 2406 SE 28TH STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MORRISON, SARA 2406 SE 28TH STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, BRADLEY 3450 OXFORDSHIRE LN MOUNT PLEASANT, SC 29466
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHMOND, ANGELA 11750 SE 123RD STREET BELLEVUE, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, MATTHEW 425 CYPRESS CT GENEVA, FL 32732
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)(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 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: *Sara J Morrison* **SARA J MORRISON** **3/15/04** **(239) 995-2248**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #