

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 22, 2005 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**



01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

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

**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**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MORRISON, JACK L.JR.
STREET ADDRESS	2406 SE 28TH STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	STD
NAME	MORRISON, SARA
STREET ADDRESS	2406 SE 28TH STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	MORRISON, BRADLEY
STREET ADDRESS	3450 OXFORDSHIRE LN
CITY-ST-ZIP	MOUNT PLEASANT, SC 29466
TITLE	D
NAME	RICHMOND, ANGELA
STREET ADDRESS	11750 SE 123RD STREET
CITY-ST-ZIP	BELLEVUE, FL 34420
TITLE	D
NAME	MORRISON, MATTHEW
STREET ADDRESS	425 CYPRESS CT
CITY-ST-ZIP	GENEVA, FL 32732
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000322436  
04/22/05-80014-013 150.00

**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: Sara Morrison  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/05 239-995-2248  
Date Daytime Phone #