

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90149 011 ***150.00

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**

50012116



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1501219

Applied For
Not Applicable

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

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, 2006 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	BELLEVIEW, 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	

**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: *Sara J. Morrison* April 12, 2006 239 995-2248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Sara J. Morrison