## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 437771** 

Title:

Name:

Address: City-St-Zip:

Apr 07, 2009 Secretary of State

**Entity Name:** MORRISON ELECTRIC, INC. **Current Principal Place of Business: New Principal Place of Business:** 757 PONDELLA RD. NORTH FORT MYERS, FL 33903 **Current Mailing Address: New Mailing Address:** 757 PONDELLA RD. NORTH FORT MYERS, FL 33903 FEI Number: 59-1501219 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MORRISON, SARA J. MORRISON, SARA J SEC/TRE 757 PONDELLA ROAD 757 PONDELLA ROAD NORTH FORT MYERS, FL 33903 US US NORTH FORT MYERS, FL 33903 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. SIGNATURE: SARA J MORRISON 04/07/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition MORRISON, JACK L.JR., Name: Name: 2406 SE 28TH STREET Address: Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: Title: STD Title: () Delete () Change () Addition Name: MORRISON, SARA Name: 2406 SE 28TH STREET Address: Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: Title: Title: ( ) Delete () Change () Addition MORRISON, BRADLEY Name: Name: 3450 OXFORDSHIRE LN Address: Address: City-St-Zip: MOUNT PLEASANT, SC 29466 City-St-Zip: Title: () Delete Title: () Change () Addition RICHMOND, ANGELA Name: Name: Address: 11750 SE 123RD STREET Address: City-St-Zip: BELLEVIEW, FL 34420 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SARA J MORRISON STD 04/07/2009

( ) Delete

MORRISON, MATTHEW

425 CYPRESS CT

GENEVA, FL 32732

() Change () Addition