


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # 443100 1. Entity Name PAUL MORRISON INSURANCE & REAL ESTATE, INC. |  |
|--|---|

Principal Place of Business
**4734 MILE STRETCH DR
PO BOX 3646
HOLIDAY, FL 34690 US**

Mailing Address
**PO BOX 3646
PO BOX 3646
HOLIDAY, FL 34690 US**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 59-1521461 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**MORRISON, PAUL
4734 MILE STRETCH DR
HOLIDAY, FL 34690**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MORRISON, PAUL J 4734 MILE STRETCH DR HOLIDAY, FL 34690 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MORRISON, JON A 4734 MILE STRETCH DR HOLIDAY, FL 34690 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MORRISON, HAROLD A 4734 MILE STRETCH DR HOLIDAY, FL 34690 |
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01/23/04-80038-024 158.75

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

Date

Daytime Phone #

727-934-5751