


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 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
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07012005 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

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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 <i>Paul Morrison</i> 7-1-05
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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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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: <i>Paul Morrison</i> 7-1-05 727-934-5751
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>