

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 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**



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1521461

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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, 2008 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, PAUL J
STREET ADDRESS 4734 MILE STRETCH DR
CITY-ST-ZIP HOLIDAY, FL 34690

TITLE STD
NAME MORRISON, JON A
STREET ADDRESS 4734 MILE STRETCH DR
CITY-ST-ZIP HOLIDAY, FL 34690

TITLE VD
NAME MORRISON, HAROLD A
STREET ADDRESS 4734 MILE STRETCH DR
CITY-ST-ZIP HOLIDAY, FL 34690

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000738168
01/30/08-80016-016 158.75

**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: Paul Morrison **PAUL MORRISON** 1-23-08 727-934-5751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #