

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 443100

FILED
Jun 22, 2009
Secretary of State

Entity Name: PAUL MORRISON INSURANCE & REAL ESTATE, INC.

Current Principal Place of Business:

4734 MILE STRETCH DR
PO BOX 3646
HOLIDAY, FL 34690 US

New Principal Place of Business:

4734 MILE STRETCH DR
HOLIDAY, FL 34690 US

Current Mailing Address:

PO BOX 3646
PO BOX 3646
HOLIDAY, FL 34690 US

New Mailing Address:

PO BOX 3646
PO BOX 3646
HOLIDAY, FL 34692 US

FEI Number: 59-1521461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORRISON, PAUL J
Address: 4734 MILE STRETCH DR
City-St-Zip: HOLIDAY, FL 34690

Title: STD () Delete
Name: MORRISON, JON A
Address: 4734 MILE STRETCH DR
City-St-Zip: HOLIDAY, FL 34690

Title: VD () Delete
Name: MORRISON, HAROLD A
Address: 4734 MILE STRETCH DR
City-St-Zip: HOLIDAY, FL 34690

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: PAUL J MORRISON

PD

06/22/2009

Electronic Signature of Signing Officer or Director

Date