

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 538263

1. Entity Name
MORRIS PETROLEUM, INC.



Principal Place of Business
**735 E WASHINGTON ST
P. O. BOX 495
MONTICELLO, FL 32344 US**

Mailing Address
**P O BOX 495
MONTICELLO, FL 32345 US**



04202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1749085

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORRIS, JOHN M III
553 BROCK RD
MONTICELLO, FL 32344**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	MORRIS, LESLIE JO
STREET ADDRESS	553 BROCK RD
CITY-ST-ZIP	MONTICELLO, FL
TITLE	P
NAME	MORRIS, JOHN M III
STREET ADDRESS	553 BROCK RD
CITY-ST-ZIP	MONTICELLO, FL
TITLE	D
NAME	MORRIS, ABIGAIL G
STREET ADDRESS	553 BROCK RD
CITY-ST-ZIP	MONTICELLO, FL 32345
TITLE	D
NAME	MORRIS, AMANDA L
STREET ADDRESS	553 BROCK RD
CITY-ST-ZIP	MONTICELLO, FL 32345
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000527248
05/04/06-80106-014 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/06 (850) 997-2222