

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 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**



04162008 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

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05/06/08-80041-004 150.00

**10. OFFICERS AND DIRECTORS**

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

**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: John Morris  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/08 (850) 997-2222  
Date Daytime Phone #