

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90038 014 \*\*\*150.00

**DOCUMENT # 545366**

1. Entity Name

**MORRISON ELECTRIC HEATING & AIR CONDITIONING, INC.**



Principal Place of Business

**30517 ORANGE DR.  
P O BOX 491928  
LEESBURG FL 34749**

Mailing Address

**P O BOX 491928  
LEESBURG FL 34749**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORRISON, GEORGE R  
30517 ORANGE DR  
LEESBURG FL 34748**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORRISON, GEORGE R.	
STREET ADDRESS	30517 ORANGE DR	
CITY- ST- ZIP	LEESBURG FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MORRISON, PAULA G.	
STREET ADDRESS	30517 ORANGE DR	
CITY- ST- ZIP	LEESBURG FL	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

*Paula Morrison*

*Paula G Morrison*

*3/11/08*

*(352) 787-1386*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Home Phone