

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90081 033 ***150.00

DOCUMENT # 625861

1. Entity Name

MORRISSEY DAIRY EQUIPMENT AND SUPPLY COMPANY, INC.



Principal Place of Business

**3925 PASO FINA ROAD
PENNY FARMS FL 32089**

Mailing Address

**P. O. BOX 155
PASO FINA ROAD
PENNY FARMS FL 32079
US**

2. Principal Place of Business

3925 Paso Fina Road

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Penney Farms, FL

Zip

32079

Country

US

City & State

Zip

Country

4. FEI Number

59-1911094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ANNE L MORRISSEY
3927 PASO FINA ROAD
PENNEY FARMS FL 32079**

7. Name and Address of New Registered Agent

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, 2004 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

TITLE **P** ☐ Delete
NAME **MORRISSEY, JAMES DAVID**
STREET ADDRESS **PASO FINA RD, PO BOX 124**
CITY-ST-ZIP **PENNEY FARMS FL**

TITLE **ST** ☐ Delete
NAME **MORRISSEY, ANNE L.**
STREET ADDRESS **3927 PASO FINA RD**
CITY-ST-ZIP **PENNEY FARMS FL**

TITLE **V** ☐ Delete
NAME **DANA, WAYNE C**
STREET ADDRESS **2705 UPSET CT**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Anne L. Morrissey Anne L. Morrissey

1/27/04

904-529-9341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #