

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 625861**

1. Entity Name  
**MORRISSEY DAIRY EQUIPMENT AND SUPPLY  
COMPANY, INC.**



Principal Place of Business  
**3925 PASO FINA RD  
PENNEY FARMS, FL 32079**

Mailing Address  
**P. O. BOX 155  
PASO FINA ROAD  
PENNEY FARMS, FL 32079 US**



01132005 No Chg-P CR2EC34 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1911094**

Applied For  
Not Applicable

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

**8. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

9. 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000301676  
04/13/05-80041-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/05**  
Date

**904-529-9341**  
Daytime Phone #