

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15836

FILED  
Jun 22, 2009  
Secretary of State

Entity Name: MORGAN'S BOX COMPANY, INC.

## Current Principal Place of Business:

11548 NEW KINGS RD  
JACKSONVILLE, FL 32219 US

## New Principal Place of Business:

## Current Mailing Address:

11548 NEW KINGS RD  
JACKSONVILLE, FL 32219 US

## New Mailing Address:

FEI Number: 59-2071116

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORGAN, JAMES NORMAN  
8048 SYCAMORE LANE N.  
JACKSONVILLE, FL 32219 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MORGAN, JAMES N.  
Address: 8048 SYCAMORE ST.  
City-St-Zip: JACKSONVILLE, FL

Title: V ( ) Delete  
Name: MORGAN, CLEMENTEEN  
Address: 8048 SYCAMORE ST.  
City-St-Zip: JACKSONVILLE, FL

Title: ST ( ) Delete  
Name: SALIS, CONNIE  
Address: 7410 SYCAMORE ST  
City-St-Zip: JACKSONVILLE, FL

Title: BK ( ) Delete  
Name: BRIGHT, SHELIA  
Address: 3594 CR 108  
City-St-Zip: HILLIARD, FL 32046

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MORGAN, JAMES N.  
Address: 8048 SYCAMORE LN.N.  
City-St-Zip: JACKSONVILLE, FL 32219

Title: V (X) Change ( ) Addition  
Name: MORGAN, CLEMENTEEN  
Address: 8048 SYCAMORE LN.N.  
City-St-Zip: JACKSONVILLE, FL 32219

Title: ST (X) Change ( ) Addition  
Name: SALIS, CONNIE  
Address: 7410 SYCAMORE ST  
City-St-Zip: JACKSONVILLE, FL 32219

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES NORMAN MORGAN

P

06/22/2009

Electronic Signature of Signing Officer or Director

Date