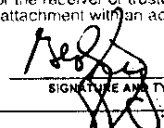


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90397 018 ***150.00

DOCUMENT # G06672					
1. Entity Name MORRIS & WIDMAN, P.A.					
Principal Place of Business 245 N. TAMiami TRAIL SUITE E VENICE, FL 34285			Mailing Address 245 N. TAMiami TRAIL SUITE E VENICE, FL 34285		
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	4. FEI Number 59-2225940	
5. Certificate of Status Desired ☐				Applied For ☐	
				Not Applicable ☐	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MORRIS, GEOFFREY D. 245 N. TAMiami TRAIL SUITE E VENICE, FL 34285				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 _____ (NOTE: Registered Agent signature required when registering)					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPSD MORRIS, GEOFFREY D 245 N. TAMiami TRAIL, SUITE E VENICE, FL 34285	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD WIDMAN, ROBERT C 245 N. TAMiami TRAIL, SUITE E VENICE, FL 34285	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
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: 		Morris Geoffrey Morris		4/4/08 941-484-0646	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					