

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90043 039 ****88.75
02-10-2004 90010 043 ****61.25

DOCUMENT # G08850 1. Entity Name MORBITZER GROUP, INC.					
Principal Place of Business 668 N. ORLANDO AVE., #105 MAITLAND, FL 32751			Mailing Address 668 N. ORLANDO AVE., #105 MAITLAND, FL 32751		
2. Principal Place of Business 444 Seabreeze Blvd		3. Mailing Address 444 Seabreeze Blvd			
Suite, Apt. #, etc. 660		Suite, Apt. #, etc. 660			
City & State Daytona Beach FL		City & State Daytona Beach FL			
Zip 32118		Country USA		Zip 32118	
Country USA		4. FEI Number 59-2226257			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MORBITZER, THOMAS D 668 NORTH ORLANDO AVE #105 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 444 Seabreeze Blvd Suite 660 City Daytona Beach FL Zip Code 32118		
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 renaming) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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-ST-ZIP	CEO MORBITZER, THOMAS D 668 NORTH ORLANDO AVE #105 MAITLAND, FL 32751 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 444 Seabreeze Blvd #660 Daytona Beach FL 32118	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MORBITZER, MARGARET L 668 NORTH ORLANDO AVE #105 MAITLAND, FL 32751 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 444 Seabreeze Blvd, #660 Daytona Beach FL 32118	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					