2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G27705

MORRIS, THOMAS

1980 WINDBROOK DR

PALM BAY, FL 32909

Name:

Address:

City-St-Zip:

FILED Apr 20, 2006 Secretary of State

Entity Name: JIM MORRIS & SONS, INC. **Current Principal Place of Business: New Principal Place of Business:** % JOHN F. MORRIS 235 WEST DR. MELBOURNE, FL 32904 **New Mailing Address: Current Mailing Address:** % JOHN F. MORRIS 235 WEST DR. MELBOURNE, FL 32904 US FEI Number: 59-2267965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORRIS, JOHN F 561 RAINER ST NE PALM BAY, FL 32907 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MORRIS, JOHN Name: Name: 561 RAINER ST NE Address: Address: City-St-Zip: PALM BAY, FL 32907 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MORRIS, JOSEPH H R. Name: 541 FIEDLER ST., NE Address: Address: PALM BAY, FL 32907 City-St-Zip: City-St-Zip: Title: Title: VΡ () Delete () Change () Addition MORRIS, GLORIA Name: Name: 1023 WORTHINGTON SPRINGS DR Address: Address: City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: Title: **VPS** () Delete Title: **VPS** (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

MORRIS, THOMAS

1791 DEVONWOOD CT.

PALM BAY, FL 32909

SIGNATURE: THOMAS R. MORRIS **VPS** 04/20/2006