

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # G62483

1. Entity Name
CHARLES O. MORGAN, JR., P.A.



Principal Place of Business
**% CHARLES O. MORGAN, JR.
1300 NW 167TH ST. STE 3
MIAMI, FL 33169 US**

Mailing Address
**% CHARLES O. MORGAN, JR.
1300 NW 167TH ST. STE 3
MIAMI, FL 33169 US**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2322330

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORGAN, CHARLES O. JR.
1300 NW 167TH ST.
SUITE 3
MIAMI, FL 33169**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2007 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
**PTD
MORGAN, CHARLES O. JR.
1300 N.W. 167TH STREET, SUITE 3
MIAMI, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SCD
HORTON, LAURA
1300 N.W. 167TH STREET, SUITE 3
MIAMI, FL 33169**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/24/07-80005-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statute, indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that 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

Information
director
look 11 if