


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # G63605 1. Entity Name MORRIS FINANCIAL SERVICES, INC.	
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Principal Place of Business
933 BAYSIDE BLUFF RD
SWITZERLAND, FL 32259

Mailing Address
933 BAYSIDE BLUFF RD
SWITZERLAND, FL 32259



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2363907	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORRIS, RICHARD R
933 BAYSIDE BLUFF RD
SWITZERLAND, FL 32259

**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, 2004 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	VP MORRIS, RICHARD R. 933 BAYSIDE BLUFF RD SWITZERLAND, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, RICHARD R 933 BAYSIDE BLUFF RD SWITZERLAND, FL 32259
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01/13/04-80027-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1-9-04 904-730-0194
Date Daytime Phone #