

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H30312

Entity Name: MORRIS SURVEYING, INC.

FILED  
Jan 25, 2006  
Secretary of State

## Current Principal Place of Business:

% DELORES ELAINE MORRIS  
16105 N FLORIDA AVE B  
LUTZ, FL 33549

## New Principal Place of Business:

## Current Mailing Address:

24812 STATE ROAD 54  
LUTZ, FL 33559 US

## New Mailing Address:

FEI Number: 59-2884710

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORRIS, DELORES E  
24812 STATE ROAD 54  
LUTZ, FL 33559 US

## Name and Address of New Registered Agent:

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:

Title: PVT ( ) Delete  
Name: MORRIS, WM. KEMP,  
Address: 24812 STATE ROAD ST  
City-St-Zip: LUTZ, FL 33559

Title: S ( ) Delete  
Name: MORRIS, DELORES ELAI, NE  
Address: 24812 STATE ROAD 54  
City-St-Zip: LUTZ, FL 33559

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: WM KEMP MORRIS

PRES

01/25/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date