

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # H32767 1. Entity Name MORRISON HARDWARE, INC.		
Principal Place of Business 195 KING ST. SAINT AUGUSTINE, FL 32084	Mailing Address 195 KING ST. SAINT AUGUSTINE, FL 32084	
DO NOT WRITE IN THIS SPACE		 03152006 No Chg-P CRZE034 (11/05)
		4. FEI Number 59-2529423 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent UPCHURCH, HAMILTON D. 7810 N PONCE DE LEON BLVD ST. AUGUSTINE, FL 32084		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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 1100000493406 04/20/06-80004-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRISON, IRVINE E. 105 ANASTASIA LAKES DR ST AUGUSTINE, FL 32080	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Irvine E. Morrison</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		IRVINE E MORRISON 4/3/06 904/829-3113 Date Daytime Phone #