2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # H76480

1. Entity Name
MORROW INSURANCE GROUP, INC.

Principal Place of Business	Mailing Address
C/O WILSON, EDWARD E. 105 S DUVAL ST MADISON, FL 32340 US	C/O WILSON, EDWARD E. 105 S DUVAL ST MADISON, FL 32340 US

01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2586585

Applied For
(If Applicable)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, EDWARD E.
105 S. DUVAL STREET
MADISON, FL 32340

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 _____

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	WILSON, EDWARD E.
STREET ADDRESS	105 S. DUVAL ST.
CITY-ST-ZIP	MADISON, FL
TITLE	P
NAME	WILSON, TERESA
STREET ADDRESS	105 S DUVAL STREET
CITY-ST-ZIP	MADISON, FL
TITLE	V
NAME	HOWARD, JOYCE E
STREET ADDRESS	105 S DUVAL STREET
CITY-ST-ZIP	MADISON, FL
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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04/06/05-80063-021 150.00

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 the office I am empowered.

SIGNATURE: Joyce E Howard Joyce E Howard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR