

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H76480

1. Entity Name  
MORROW INSURANCE GROUP, INC.



Principal Place of Business

161 S DUVAL AVE  
MADISON, FL 32340 US

Mailing Address

POB DRAWER 771  
MADISON, FL 32341 US

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**



03132007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2586585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WILSON, EDWARD E.  
161 S DUVAL AVE  
POB DRAWER 771  
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

(Signature of Registered Agent)

(Date Registered Agent Registered or Reinstated)

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-STATE-ZIP  
STD  
WILSON, EDWARD E.  
161 S DUVAL AVE, POB DRAWER 771  
MADISON, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
P  
WILSON, TERESA  
161 S DUVAL AVE, POB DRAWER 771  
MADISON, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
V  
HOWARD, JOYCE E  
161 S DUVAL AVE, POB DRAWER 771  
MADISON, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

U000000670914  
03/28/07-80008-002 150.00

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 any attachment with an address, with all other like empowered.

SIGNATURE:

*Joyce E Howard* 3-16-07 Joyce E Howard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-973-4191