


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # H76480</b>	
1. Entity Name <b>MORROW INSURANCE GROUP, INC.</b>	

Principal Place of Business <b>161 S DUVAL AVE MADISON, FL 32340 US</b>	Mailing Address <b>POB DRAWER 771 MADISON, FL 32341 US</b>
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**DO NOT WRITE IN THIS SPACE**

04092008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2586585</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WILSON, EDWARD E. 161 S DUVAL AVE POB DRAWER 771 MADISON, FL 32340</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title. (NOTE: Registered Agent's signature required when not filing)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILSON, EDWARD E. 161 S DUVAL AVE, POB DRAWER 771 MADISON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, TERESA 161 S DUVAL AVE, POB DRAWER 771 MADISON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOWARD, JOYCE E 161 S DUVAL AVE, POB DRAWER 771 MADISON, FL
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04/22/08-80055-002 150.00

**DO NOT WRITE IN THIS SPACE**

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:** George E Howard 4-9-08 850973-4191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Printed