


FILED
Apr 26, 2004 8:00 am
Secretary of State

04-12-2004 90294 013 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J48626 1. Entity Name A-R.W. MORGAN ASSOCIATES, INC.			
Principal Place of Business C/O ROBERT W. MORGAN 959 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32701 US		Mailing Address C/O ROBERT W. MORGAN P.O. BOX 150248 ALTAMONTE SPRINGS, FL 32715-0248 US	
DO NOT WRITE IN THIS SPACE			
		03102004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-2765559		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORGAN, ROBERT W 303 PARTRIDGE LN LONGWOOD, FL 32779		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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MORGAN, ROBERT W. 303 PARTRIDGE LA. LONGWOOD, FL 32779		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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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 all other like empowered.			
SIGNATURE: <u>Robert W. Morgan</u>		President T 4/24/04 407-331-7188	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	