
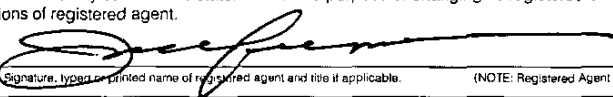
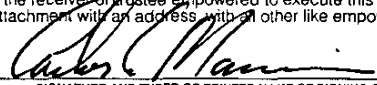


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 12 PM 2:43

DOCUMENT # J51596 1. Entity Name MORRISON'S OF PALM BEACH, INC.					
Principal Place of Business 222 LAKEVIEW AVE. PH5 W. PALM BEACH, FL 33401			Mailing Address 222 LAKEVIEW AVE. PH5 W. PALM BEACH, FL 33401		
2. Principal Place of Business 6108 S Dixie Hwy		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State West Palm Beach, FL		City & State 			
Zip 33405		Country USA		Zip 	
Country 		4. FEI Number 59-2794893			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MORRISON, CARLOS 222 LAKEVIEW AVE PH 5 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Joel P. Koepfel, Esquire Street Address (P.O. Box Number is Not Acceptable) 525 South Flagler Drive Suite 200 City West Palm Beach	
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.				Zip Code 33401	
SIGNATURE 		DATE 3/4/05			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		Amended AR is \$61.25			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MORRISON, CARLOS 222 LAKEVIEW AVE PH5 WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800055208898 05/24/05--01071--033 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an other like empowered.					
SIGNATURE: 			DATE 5/5/2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # 561-832-6070		