## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J92012

MORRIS, PAM

4069 GLENHURST DR. N.

JACKSONVILLE, FL 32224

Name:

Address:

City-St-Zip:

FILED Jul 12, 2007 Secretary of State

Entity Nar	ne: JOHN A.	MORRIS, D.C	s., P.A.						
Current Principal Place of Business:				Ne	New Principal Place of Business:				
333 N 5TH JACKSON	AVENUE VILLE BEACH	I, FL 32250	US						
Current Mailing Address:				Ne	New Mailing Address:				
333 N 5TH JACKSON	AVENUE VILLE BEACH	I, FL 32250	US						
FEI Number:	59-2256389	FEI Number A	Applied For ( )	FEI Number	Not Applic	able ( )	Certificate of Status Desired	d()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
MORRIS, C 333 N 5TH JACKSON		I, FL 32250	US						
The above in the State		submits this st	atement for the	purpose of cha	anging its	s registered	d office or registered agent, o	or both,	
SIGNATUR	RE:								
	Electror	nic Signature o	f Registered A	gent			Date		
		3(2)(b), F.S., the g Trust Fund Co	corporation did i	not receive the p	rior notice	=			
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	DV ( ) MORRIS, CASE 116 DAVIS ST. NEPTUNE BEA					MORRIS, CA 603 GREAT	(X) Change ( ) Addition NSEY D.C. ABACO COURT LLE BEACH, FL 32250		
Title: Name: Address: City-St-Zip:	T ( ) BANKERT, JEA 13732 NIGHT H JACKSONVILL	HAWK CT					( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	PD ( ) MORRIS, JOHN 4069 GLENHUI JACKSONVILLI	RST DR. N.					( ) Change ( ) Addition		
Title:	DV (	) Delete		Title	:		( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MORRIS PAM DV 07/12/2007