

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90259 009 ***150.00

DOCUMENT # K83695

1. Entity Name
MORSE EQUITY CORPORATION



Principal Place of Business
861 W. MORSE BLVD.
STE 250
WINTER PARK, FL 32789

Mailing Address
P.O. BOX 940658
MAITLAND, FL 32794-0658

DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2947336

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, DON L
~~XXXXXXXXXXXXXXXXXXXX~~ 533 VERSAILLES DRIVE
~~ORLANDO, FL 32801~~ SUITE 102
MAITLAND, FL 32751

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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-ST-ZIP	PD RUTH, MOGUL 861 WEST MORSE BLVD. WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELDON GREENE 861 W MORSE BLVD. SUITE 250 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:

Sheldon Greene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/06 407-647-5111