2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # K86694

1. Entity Name

MICHAEL H. MORGAN, INC.



Principal Place of Business

% John W. Schumacher, Ir. 695 Tarpon Bay Road, Suite 14 Sanibel, Fl. 33957-3135 Mailing Address

14 FOREST GLEN CRES.
TORONTO ONTARIO CANADA. N

TORONTO ONTARIO CANADA, M4N2E-8

FILED Mar 10, 2004 08:00 AM Secretary of State



03042004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0190911 Applied For Not Applicable

5. Certificate of Status Desired .

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUMACHER JOHN W., JR. 695 TARPON BAY ROAD SUITE 14 SANIBEL, FL

SIGNATURE:

DO NOT WRITE IN THIS SPACE

4 MARCHOU

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|--|---|---|---------------|--------------------------------|--|
| | named entity submits this statement for the pa fons of registered agent. | urpose of changing its registere | d office or r | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent algorature required when reinstating) DATE | | | | | DATE |
| FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Finant Trust Fund Contribution. | cing [] | \$5.00 May Be Added to Fees | UNNODO083488 03/10/04-80042-004 150.00 |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORGAN, MICHAEL H. 14 FOREST GLEN CRESCENT TORONTO, CANADA, | | | | |
| title Name Street address City-St-Zip | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| tifle name street adoress city-s1-zp | | | | IN ' | THIS SPACE |
| THE NAME STREET ADDRESS CITY-ST-ZIP | | | | - | |
| TITLE NAME STREET ADDRESS SITY-ST-DP | | | | | |
| 12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or knote 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 attaching it with an add the with all other like empowered. | | | | | |

W MHMORGAN
ED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR