
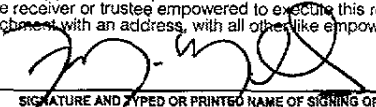


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L02020 1. Entity Name MORRISON & MILLS, P.A.		
Principal Place of Business 1200 W. PLATT ST. SUITE 100 TAMPA, FL 33606 US		Mailing Address 1200 W. PLATT ST. SUITE 100 TAMPA, FL 33606 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MORRISON, THOMAS K 1200 WEST PLATT ST. SUITE 100 TAMPA, FL 33606		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11000000428833 02/21/06-80065-007 150.00
TITLE	PAS	DO NOT WRITE IN THIS SPACE
NAME	MORRISON, THOMAS K	
STREET ADDRESS	4504 OLD ORCHARD DR	
CITY-ST-ZIP	TAMPA, FL	
TITLE	VPST	
NAME	MILLS, FREDERICK J.	
STREET ADDRESS	3006 WEST EUCLID AVE	
CITY-ST-ZIP	TAMPA, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 2/6/06 Daytime Phone #: 813 258-3344

FREDERICK J. MILLS