

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90043 033 ***150.00

DOCUMENT # M00489

1. Entity Name
MORRITT HOMES, INC.



Principal Place of Business
**401 CORBETT STREET
STE 450
CLEARWATER, FL 33756**

Mailing Address
**401 CORBETT STREET
STE 450
CLEARWATER, FL 33756**

50002218



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

52-1273632

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANOUSKA, MORRITT
401 CORBETT STREET
SUITE 450
CLEARWATER, FL 33756**

Name

Street Address (P.O. Box Number is Not Acceptable)

801 West Bay Dr, Suite 203

City

Largo,

FL

Zip Code

33770

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **MORRITT, ANOUSKA**
CITY-STATE-ZIP **401 CORBETT ST., SUITE 450
CLEARWATER, FL 33756**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME **TSD**
STREET ADDRESS **HOFFMAN, DUTCH**
CITY-STATE-ZIP **401 CORBETT STREET, SUITE 450
CLEARWATER, FL 33756**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **801 West Bay Dr, Suite 203**
CITY-STATE-ZIP **Largo, FL 33770**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 appointed in 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 affidavit of other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-08

Date

727-447-5349

Daytime Phone #