

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000007808

Entity Name: DGMORRISON, INC.

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

13209 BYRD DR.  
ODESSA, FL 335565307

**New Principal Place of Business:**

**Current Mailing Address:**

13209 BYRD DR.  
ODESSA, FL 335565307

**New Mailing Address:**

FEI Number: 59-3621068

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORRISON, DONALD  
13209 BYRD DR  
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MORRISON, DONALD  
Address: 13209 BYRD DR  
City-St-Zip: ODESSA, FL 33556

Title: VPD  
Name: MORRISON, DANIEL N  
Address: 13209 BYRD DR  
City-St-Zip: ODESSA, FL 33556

Title: SD  
Name: MORRISON, SARA A  
Address: 13209 BYRD DR  
City-St-Zip: ODESSA, FL 33556

I hereby 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 all other like empowered.

SIGNATURE: DONALD MORRISON

P

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date