## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 03, 2005 8:00 am **DOCUMENT # P00000030221 Secretary of State** 02-03-2005 90052 018 \*\*\*150.00 MORFORD HI-TECH SOLUTIONS, INC. Principal Place of Business Mailing Address .1370 BOLGER AVENUE " . . ... 1370 BOLGER AVENUE VU4U403 SPRING HILL, FL 34609 SPRING HILL, FL 34609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3633607 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent Name MORFORD, JEFFERY S Street Address (P.O. Box Number is Not Acceptable) 1370 BOLGER AVENUE SPRING HILL, FL 34609 City Zip Code 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) 27. 30 . 1 34. 3 1 2 VIII " \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing ------Trust Fund Contribution. -- - Added to Fees \*\*\* After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ŤΠE □ Delete TITLE ☐ Change ☐ Addition MORFORD, JEFFERY S NAME NAME STREET ADDRESS 1370 BOLGER AVENUE STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34609 CITY-ST-ZIP **VD** TITLE ☐ Delete TITLE ☐ Change Addition MORFORD, JOYCE A NAME NAME 1370 BOLGER AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34609 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI É ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing 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 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.

FILED

SIGNATURE: SIGNATURE: Major - Major - Major Hi-Tech (SI VISUS THE 3/1/05 4352-684-1703