

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90015 025 ***158.75

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1. Entity Name
ALEXANDER MORGAN CORPORATION



Principal Place of Business
845 SOUTH ORLANDO AVENUE
WINTER PARK, FL 32789

Mailing Address
6500 WEST ROGERS CIRCLE
8000
BOCA RATON, FL 33487

54022226



2. Principal Place of Business

3. Mailing Address

845 S. Orlando Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252004

Chg-P

CR2E034 (10/03)

City & State

City & State

Winter Park, FL

4. FEI Number

65-1032506

Applied For

Not Applicable

Zip

Country

Zip

Country

32789

USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KOEPKE, JOHN D
767 JULIAN STREET
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name

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

City

FL

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KOEPKE, JOHN D**
STREET ADDRESS **767 JULIAN STREET**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
NAME **Koepke, John D.**
STREET ADDRESS **767 Julian Street**
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Koepke

2/24/04 407-629-2738

Date

Daytime Phone #