2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 08:00 AN Secretary of State

| 74141 | CABILLI O | |
|--|--|----|
| DOCUMENT # P0000 1. Enlity Name MORRIS INVESTMENTS, INC | | |
| Principal Place of Business 6058 RED STAG DR PORT ORANGE, FL 32128 | Mailing Address 6058 RED STAG DR PORT ORANGE, FL 32128 | `, |

| | | | | - | | |
|--|--|--|-------------------------------|-------------------------------------|---------------------------|---|
| 6058 RED S | STÀĞ DR | Mailing Address 6058 RED STAG DR PORT ORANGE, FL 32128 | | | 17) 13 47 07 17 | |
| C | OO NOT WRITE I | | CE | 04242008 4. FEI Numbe 59-3713 | Nø Chg-P | CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required |
| 6058 RED | 6. Name and Address of Current Regi MICHAEL G STAG DR ANGE, FL 32128 | stered Agent | | | NOT W | |
| | e named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and title | | ed office or registe | | n, in the State of Flor | ida. i am familiar with, and accept |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | 9. Election Campaign Finant Trust Fund Contribution. | | .00 May Be ded to Fees | | 00948303 3-80049-010 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | OFFICERS AND DIRE D MORRIS, MICHAEL G 6058 RED STAG DR PORT ORANGE, FL 32128 | CTORS | | | | • |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | DO NOT WRITE IN THIS SPACE | | | |
| STREET ADDRESS CITY-ST-7JP TITLE NAME STREET ADDRESS CITY-ST-7JP | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | certify that the information supplied with this f | iling does not qualify for the exer | mptions contained | d in Chapter 119. | Florida Statutes, I fi | urther certify that the information |

Indicated on this report or supplied with mis filling obes not gold any for the exemptions contained in Chapter 19, Holida Statutes: A made under oath; that I am an officer or director of the corporation of 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 algorithm with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DA

MICHAEL G MORRIS

Da

Daylime Phone #