

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000117427

Entity Name: MORGAN BLAKE, INC.

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

8206 CUTTER PLACE  
JACKSONVILLE, FL 32216

## **New Principal Place of Business:**

4237 SALISBURY ROAD  
STE 100 BLDG 1  
JACKSONVILLE, FL 32216

## **Current Mailing Address:**

8206 CUTTER PLACE  
JACKSONVILLE, FL 32216

## **New Mailing Address:**

4237 SALISBURY ROAD  
STE 100 BLDG 1  
JACKSONVILLE, FL 32216

FEI Number: 59-3689250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CROPPER, MARK S  
8206 CUTTER PLACE  
JACKSONVILLE, FL 32216 US

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

CROPPER, MARK S  
4237 SALISBURY ROAD  
SUITE 100 BLDG 1  
JACKSONVILLE, FL 32216 US

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: MARK S CROPPER

01/26/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: DP  
Name: CROPPER, MARK S  
Address: 4237 SALISBURY ROAD STE 100 BLDG 1  
City-St-Zip: JACKSONVILLE, FL 32216

Title: ST  
Name: BOLLAN, KAREN M  
Address: 4237 SALISBURY ROAD STE 100 BLDG 1  
City-St-Zip: JACKSONVILLE, FL 32216

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: MARK S. CROPPER

DP

01/26/2011

Electronic Signature of Signing Officer or Director

Date