

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000007137

1. Entity Name
MORSE PROPERTIES, INC.



Principal Place of Business
200 OCEAN AVENUE
SUITE 202
MELBOURNE BEACH, FL 32951

Mailing Address
200 OCEAN AVENUE
SUITE 202
MELBOURNE BEACH, FL 32951



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3696133

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MORSE, ROBERT
200 OCEAN AVENUE
#202
MELBOURNE BEACH, FL 32951

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000412888
02/10/06-80067-003 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PC
MORSE, ROBERT
200 OCEAN AVE #202
MELBOURNE BEACH, FL 32951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MORSE, DAVID
240 SPRINGSIDE RD
LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MORSE, WILLIAM
117 RED BAY DR
LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

1-30-06 321-788-8888