


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29 2007 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
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DO NOT WRITE IN THIS SPACE



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3696133	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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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: William MORSE 1/24/07 407-862-6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #