

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000007137

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: MORSE PROPERTIES, INC.

## Current Principal Place of Business:

200 OCEAN AVENUE  
SUITE 202  
MELBOURNE BEACH, FL 32951

## New Principal Place of Business:

## Current Mailing Address:

200 OCEAN AVENUE  
SUITE 202  
MELBOURNE BEACH, FL 32951

## New Mailing Address:

FEI Number: 59-3696133      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PC ( ) Delete  
Name: MORSE, ROBERT  
Address: 200 OCEAN AVE #202  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VP ( ) Delete  
Name: MORSE, DAVID  
Address: 240 SPRINGSIDE RD  
City-St-Zip: LONGWOOD, FL 32779

Title: VP ( ) Delete  
Name: MORSE, WILLIAM  
Address: 117 RED BAY DR  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM MORSE

VP

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date