

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 04, 2005 8:00 am**  
**Secretary of State**

08-04-2005 90004 034 \*\*\*150.00

**DOCUMENT # P01000009253**

1. Entity Name  
**MORRIS PALMETTO CORPORATION**



Principal Place of Business

99 SE MIZNER BLVD  
#120  
BOCA RATON, FL 33432

Mailing Address

99 SE MIZNER BLVD  
#120  
BOCA RATON, FL 33432

**50059917**



2. Principal Place of Business

900 E Atlantic Av.

3. Mailing Address

900 E Atlantic Av.

Suite, Apt. #, etc.

Suite 13

Suite, Apt. #, etc.

Suite 13

City & State

Delray Bch, FL

City & State

Delray Bch, FL

Zip

33483

Country

USA

Zip

33483

Country

USA

07252005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1079595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

MORRIS, WILLIAM E  
99 SW MIZNER BLVD  
#120  
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 the registered agent.

SIGNATURE

*William E Morris*

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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME MORRIS, WILLIAM E  
STREET ADDRESS 99 SW MIZNER BLVD, #120  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE D ☐ Delete  
NAME MORRIS, SCOTT  
STREET ADDRESS 99 SE MIZNER BLVD, #120  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 900 E Atlantic Ave  
CITY-ST-ZIP Delray Bch, FL 33483

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 900 E Atlantic Ave.  
CITY-ST-ZIP Delray Bch, FL 33483

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 I am empowered.

SIGNATURE:

*William E Morris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/27/05