


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000040494	
1. Entity Name MORSE MACHINE AND MAINTENANCE, INC.	

Principal Place of Business 925 DRIGGERS RD. LAKELAND, FL 33809	Mailing Address 925 DRIGGERS RD. LAKELAND, FL 33809
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04162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3718736	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, RAULAND
925 DRIGGERS RD.
LAKELAND, FL 33809**

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 *Rauland Morse* DATE 4/15/2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

1000000311761
04/18/05-80058-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVDC MORSE, RAULIE 925 DRIGGERS ROAD LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MORSE, RAULIE 925 DRIGGERS ROAD LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MORSE, BOBBIE 925 DRIGGERS ROAD LAKELAND, FL 33809
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: *Rauland Morse* **RAULAND MORSE 863-858-1514**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 4/15/2005 Daytime Phone #