

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 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**



04142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3718736 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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**

**U000000522279
05/03/06-80023-010 150.00**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

RAULAND MORSE 4/15/06

Other

Daytime Phone #

**863-
858-1514**