


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90352 012 \*\*\*150.00

<b>DOCUMENT # P01000047899</b>	
1. Entity Name <b>JACKIE STANLEY MORRISON, LMT, INC.</b>	

Principal Place of Business <b>4242 IRVINGTON AVENUE JACKSONVILLE FL 32210</b>	Mailing Address <b>4242 IRVINGTON AVENUE JACKSONVILLE FL 32210</b>
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2. Principal Place of Business <b>1532 Kingsley Ave.</b> <small>(Suite) Apt. #, etc.</small> <b>109</b>	3. Mailing Address <b>P.O. Box 8371</b> <small>Suite, Apt. #, etc.</small>
City & State <b>Orange Park, FL</b>	City & State <b>Fleming Island, FL</b>
Zip <b>32073</b>	Country <b>Clay</b>
Zip <b>32006</b>	Country <b>Clay</b>



MOORE CR2E034 (11/03)

64040603

6. Name and Address of Current Registered Agent <b>MORRISON, JACKIE S 4242 IRVINGTON AVENUE JACKSONVILLE FL 32210</b>		7. Name and Address of New Registered Agent Name <b>JACKIE S. MORRISON</b> Street Address (P.O. Box Number is Not Acceptable) <b>1712 Covington Lane</b> City <b>Orange Park</b> FL Zip Code <b>32003</b>	
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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  **JACKIE S. MORRISON** DATE **4/11/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MORRISON, JACKIE S 4242 IRVINGTON AVENUE JACKSONVILLE FL 32210</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change <input checked="" type="checkbox"/> Address only</b> <b>1712 Covington Lane Orange Park, FL 32003</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **JACKIE S. MORRISON** DATE **4/11/04** DAYTIME PHONE # **904 265-4144**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR