## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000059629

Entity Name: PAUL MORRISON, INC.

FILED Apr 22, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

13300 N CLEVELAND AVE 928 DIPLOMAT PKWY WEST NORTH FORT MYERS, FL 33903 CAPE CORAL, FL 33993 US

**Current Mailing Address: New Mailing Address:** 

13300 N CLEVELAND AVE 928 DIPLOMAT PKWY WEST N FORT MYERS, FL 33908 CAPE CORAL, FL 33993 US

FEI Number: 65-1114360 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MORRISON, PAUL MORRISON, PAUL 4313 SW1ST PL 928 DIPLOMAT PKWY WEST CAPE CORAL, FL 33914 CAPE CORAL, FL 33993 US

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: PAUL MORRISON 04/22/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

( ) Delete Title: (X) Change ( ) Addition

Title: MORRISON, PAUL MORRISON, PAUL Name: Name: 13300 N CLEVELAND AVE 928 DIPLOMAT PKWY WEST Address: Address: City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: CAPE CORAL, FL 33993

Title: Title: (X) Change ( ) Addition () Delete DONALDSON, HAZEL Name: Name: DONALDSON, HAZEL

13300 N CLEVELAND AVE 928 DIPLOMAT PKWY WEST Address: Address: NORTH FORT MYERS, FL 33903 CAPE CORAL, FL 33993 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL MORRISON **PRES** 04/22/2006