


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90010 038 ***150.00

DOCUMENT # P01000065129	
1. Entity Name THE DAVID MORRISON CO.	

Principal Place of Business 5651 DEER PATH LANE SANFORD, FL 32771	Mailing Address 5651 DEER PATH LANE SANFORD, FL 32771
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2. Principal Place of Business 30519 HAWTHORN AVE.	3. Mailing Address 30519 HAWTHORN AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State EUSTIS, FL.	City & State EUSTIS, FL.
Zip 32736	Zip 32736
Country USA	Country USA

6. Name and Address of Current Registered Agent MORRISON, DAVID 5651 DEER PATH LANE SANFORD, FL 32771	
7. Name and Address of New Registered Agent Name DAVID MORRISON Street Address (P.O. Box Number is Not Acceptable) 30519 HAWTHORN AVE City EUSTIS FL 32736	

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 David B. Morrison Signature, typed or printed name of registered agent and title if applicable.	DATE 2/7/06 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRISON, DAVID 5651 DEER PATH LANE SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID MORRISON 30519 HAWTHORN AVE. EUSTIS, FL. 32736 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, SUSAN 5651 DEER PATH LANE SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSAN MORRISON 30519 HAWTHORN AVE. EUSTIS, FL. 32736 <input checked="" 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 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: David B. Morrison SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 2/7/06 (407) 970-2039 Date Daytime Phone #