


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000072237**  
 1. Entity Name  
**MORRISON HOMES REALTY OF FLORIDA, INC.**



Principal Place of Business: **151 SOUTHHALL LANE, SUITE 200  
 MAITLAND, FL 32751**  
 Mailing Address: **151 SOUTHHALL LANE, SUITE 200  
 MAITLAND, FL 32751**

**DO NOT WRITE IN THIS SPACE**



07132004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3737701** Applied For / Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$550.00  
 Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLINE, STEWART M
STREET ADDRESS	3655 BROOKSIDE PKWY. STE 400
CITY - ST - ZIP	ALPHARETTA, GA 30022
TITLE	D
NAME	VAN STEE, BRUCE J
STREET ADDRESS	3655 BROOKSIDE PKWY. STE 400
CITY - ST - ZIP	ALPHARETTA, GA 30022
TITLE	D
NAME	HAYES, RUSSELL E
STREET ADDRESS	3655 BROOKSIDE PKWY. STE 400
CITY - ST - ZIP	ALPHARETTA, GA 30022
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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)(f), 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: Mike M 7/13/04 (407) 629-0077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #