## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000086256

1. Entity Name

B.A. MORRIS ENTERPRISES, INC.



Principal Place of Business

2477 SE DIXIE HWY STUART, FL 34996 Mailing Address

2477 SE DIXIE HWY STUART, FL 34996 FILED May 05, 2004 08:00 AM Secretary of State



04302004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1141687 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

SIGNATURE:

## 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 reinstalling)  OATE  LOCATION  OATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng 🛚	\$5.00 May Be Added to Fees	05/06/04-80015-020 150.00
10.	OFFICERS AND DIREC	CTORS	_		
IRFLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MORRIS, BRENT A 2293 SOUTHEAST WASHINGTON S' STUART, FL 34997	TREET			
title Name Street adoress City-St-ZVP	V MORRIS, RALPH L 2293 SOUTHEAST WASHINGTON S' STUART, FL 34997	TREET			
TITLE NAME STREET ADDRESS GITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADORESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					