

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # P01000102687

1. Entity Name
LAW OFFICE OF JOAN MORRISON, P.A.



Principal Place of Business

**2800 WEST OAKLAND PARK BLVD
207A
OAKLAND PARK, FL 33311**

Mailing Address

**2800 WEST OAKLAND PARK BLVD
207A
OAKLAND PARK, FL 33311**



03122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1155408

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORRISON, JOAN
2800 WEST OAKLAND PARK BLVD
207A
OAKLAND PARK, FL 33311**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MORRISON, JOAN**
STREET ADDRESS **2800 WEST OAKLAND PARK BLVD, STE 207**
CITY-ST-ZIP **OAKLAND PARK, FL 33311**

TITLE **VP**
NAME **HAMILTON, WAYNE**
STREET ADDRESS **1455 NW 113TH WAY**
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000669291
03/27/07-80066-002 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07

Date

94 681 4801

Daytime Phone #