

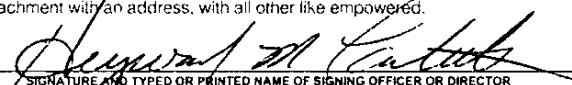


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90122 013 ***150.00

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|--|--|---|---|--|--|
| DOCUMENT # P02000002413 1. Entity Name CANTRELL & MORGAN, INC. | | | |  | |
| Principal Place of Business 121 NORTH HOGAN STREET JACKSONVILLE, FL 32202 | | | Mailing Address 121 NORTH HOGAN STREET JACKSONVILLE, FL 32202 | | |
| 2. Principal Place of Business - No P.O. Box # 200 West Forsyth Street Suite, Apt. #, etc. Suite 400 | | 3. Mailing Address 200 West Forsyth Street Suite, Apt. #, etc. Suite 400 | |  | |
| City & State Jacksonville, FL | | City & State Jacksonville, FL | | 4. FEI Number 26-0022911 | |
| Zip 32202 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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: _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CANTRELL, HEYWARD M 121 NORTH HOGAN STREET JACKSONVILLE, FL 32202 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORGAN, CHRISTOPHER 121 NORTH HOGAN STREET JACKSONVILLE, FL 32202 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | | |
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| 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:  January 29, 2007 (904) 356-2054 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Declining Phone #</small> | | | | | |