

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000006587

1. Entity Name

DONNA A. MORGAN, INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 29 PM 12:07

Principal Place of Business

1550 NE 123 STREET APT N212
NORTH MIAMI FL 33161-6059

Mailing Address

1550 NE 123 STREET APT N212
NORTH MIAMI FL 33161-6059

2. Principal Place of Business -

2039 N. Meridian Rd.

3. Mailing Address

2039 N. Meridian Rd.

Suite, Apt., etc.

266

Suite, Apt., etc.

266

City & State

Tallahassee, Fla.

City & State

Tallahassee, Fla.

Zip

32303

Country

USA

Zip

32303

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

04-3590956

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, DONNA A
1550 NE 123 STREET APT N212
NORTH MIAMI FL 33161-6059

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

2039 N. Meridian Rd.

Apt 266

City

Tallahassee

FL

Zip Code

32303

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

D. Morgan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

800035794408
05/10/04--01024--007 **158.75

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MORGAN, DONNA A	
STREET ADDRESS	1550 NE 123 STREET APT N212	
CITY-ST-ZIP	NORTH MIAMI FL 33161-6059	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Donna A. Morgan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2039 N. Meridian Rd	
STREET ADDRESS	Apt 266	
CITY-ST-ZIP	Tallahassee, Fla. 32303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

Donna A. Morgan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04 850-345-0983