


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000014841 1. Entity Name RICHARD DAVID MORRIS CONSTRUCTION CORPORATION		
Principal Place of Business 17485 BOCA VISTA PUNTA GORDA, FL 33955	Mailing Address 17485 BOCA VISTA PUNTA GORDA, FL 33955	

FILED

04 OCT 18 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DA



10072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 32-0002943		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		Zip		Country	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MORRIS, RICHARD D 17485 BOCA VISTA PUNTA GORDA, FL 33955				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 _____

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	MORRIS, RICHARD D	<input type="checkbox"/> Delete	TITLE		600041951726	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		17485 BOCA VISTA		NAME		10/18/04--01097--003 **\$61.25	
STREET ADDRESS		PUNTA GORDA, FL 33955		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	V	METZ, NATHAN	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		608 DOUGLAS #6		NAME			
STREET ADDRESS		AMES, IA 50010		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	T	ROBERT S. MORRIS	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1440 POINCIANA		NAME			
STREET ADDRESS		FT. MYERS, FL. 33901		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Richard D. Morris* **PROS RICHARD D. MORRIS** 10-08-04 239-560-3282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #