

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000044482

1. Entity Name
C.O. MORGAN CONSULTANTS, INC.



Principal Place of Business
35600 HIGHWAY 27
HAINES CITY, FL 33844

Mailing Address
35600 HIGHWAY 27
HAINES CITY, FL 33844



01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3052075 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGAN, CHARLES
35600 HIGHWAY 27
HAINES CITY, FL 33844

**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, 2004 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 MORGAN, JANET
STREET ADDRESS PO BOX 999
CITY-ST-ZIP DAVENPORT, FL 33836

TITLE VST
NAME MORGAN, CHARLES
STREET ADDRESS PO BOX 999
CITY-ST-ZIP DAVENPORT, FL 33836

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

U00000013738
01/26/04-80066-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Charles Morgan CHARLES MORGAN VST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-04 863 557-6001
Date Daytime Phone #