

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90046 008 ***150.00

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	
2. Principal Place of Business 29710 Hwy 27 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 128 Suite, Apt. #, etc.	
City & State Lake Hamilton, FL		City & State Lake Hamilton, FL	
Zip 33851	Country USA	Zip 33851	Country USA
4. FEI Number 75-3052075		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORGAN, CHARLES 35600 HIGHWAY 27 HAINES CITY, FL 33844		7. Name and Address of New Registered Agent Name Morgan, Charles Street Address (P.O. Box Number is Not Acceptable) 29710 Highway 27 City Lake Hamilton FL Zip Code 33851	
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, 2005 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	P MORGAN, JANET PO BOX 999 DAVENPORT, FL 33836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MORGAN, CHARLES PO BOX 999 DAVENPORT, FL 33836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/17/05 863-422-5517 <small>Date Daytime Phone #</small>	