## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 24, 2008 08:00 AN **DOCUMENT # P02000044482 Secretary of State** 1. Entity Name C.O. MORGAN CONSULTANTS, INC. Principal Place of Business Mailing Address P.O. BOX 128 29710 HWY 27 LAKE HAMILTON, FL 33851 LAKE HAMILTON, FL 33851 CR2E034 (11/05) 01152008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 75-3052075 \$8.75 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent MORGAN, CHARLES DO NOT WRITE 29710 HIGHWAY 27 LAKE HAMILTON, FL 33851 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 CHARLES MORGAN V.P. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MORGAN, JANET NAME STREET ADDRESS PO BOX 999 CITY-ST-ZIP DAVENPORT, FL 33836 THILE U000000794013 MORGAN, CHARLES NAME 01/25/08-80032-012 150.00 STREET ADDRESS PO BOX 999 CITY-ST-7IP DAVENPORT, FL 33836 TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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 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:

NAME STREET ADDRESS CITY-ST-ZIP

HARLES MORGAN 1-18.08

FILED