


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P02000051454 1. Entity Name MORRIS ASHEAR, INC. |  |
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| Principal Place of Business 2368 NW 67 ST BOCA RATON, FL 33496 | Mailing Address 2368 NW 67 ST BOCA RATON, FL 33496 |
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DO NOT WRITE IN THIS SPACE

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|---|
| 6. Name and Address of Current Registered Agent ROTHMAN, LEE MAX 2295 CORPORATE BLVD NW STE 134 BOCA RATON, FL 33496 |
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02272004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 30-0092163 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ASHEAR, MORRIS 2368 NW 67 ST BOCA RATON, FL 33496 |
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04/12/04-80050-016 150.00

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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)(f), 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:  **4/9/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #