2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90310 050 ***150.00

DOCUMENT # P02000057900

1. Entity Name

MORGAN BROTHERS, INC.

94056069

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
902 2 AVE N JACKSONVILLE FL 32250	P.O. BOX 51267 JACKSONVILLE BEACH FL 32250

2. Principal Place of Business	3. Mailing Address
13679 Atlantic blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jax, Fl	City & State
Zip: 32225 Country: Duval	Zip Country

4. FEI Number 01-0698263 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORGAN, JEREMIAH M 902 2 AVE N JACKSONVILLE FL 32250	Name: Morgan, Jeremiah, M Street Address (P.O. Box Number is Not Acceptable): 13679 Atlantic blvd City: Jax, Fl FL Zip Code: 32225

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORGAN, JEREMIAH M 902 2 AVE N JACKSONVILLE FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P.O. Box 51267 Jax beach, Fl, 32240
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST MORGAN, ANTHONY L 902 2 AVE N JACKSONVILLE FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P.O. Box 51267 Jax beach, Fl, 32240
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MORGAN, DANIEL 902 2ND AVENUE NORTH JACKSONVILLE FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P.O. Box 51267 Jax beach, Fl, 32240
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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: _____ 4-6-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #