

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000067000

Entity Name: MOREHEAD, INC

FILED  
Mar 26, 2008  
Secretary of State

## Current Principal Place of Business:

4538 SWILCAN BRIDGE LANE NORTH  
JACKSONVILLE, FL 32224 US

## New Principal Place of Business:

4540 SAN LORENZO BLVD.  
JACKSONVILLE, FL 32224 US

## Current Mailing Address:

4538 SWILCAN BRIDGE LANE NORTH  
JACKSONVILLE, FL 32224 US

## New Mailing Address:

4540 SAN LORENZO BLVD.  
JACKSONVILLE, FL 32224 US

FEI Number: 20-0001427

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUNN, MARSHALL D JR.  
4887 BELFORT ROAD  
SUITE 201  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MOREHEAD, C.R.  
Address: 4538 SWILCAN BRIDGE LN. NORTH  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VP ( ) Delete  
Name: MOREHEAD, DONNA J  
Address: 4538 SWILCAN BRIDGE LN. NORTH  
City-St-Zip: JACKSONVILLE, FL 32224 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MOREHEAD, C.R.  
Address: 4540 SAN LORENZO BLVD.  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VP (X) Change ( ) Addition  
Name: MOREHEAD, DONNA J  
Address: 4540 SAN LORENZO BLVD.  
City-St-Zip: JACKSONVILLE, FL 32224 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. R. MOREHEAD

P

03/26/2008

Electronic Signature of Signing Officer or Director

Date