# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000073048

**FILED**
**Mar 01, 2004**
**Secretary of State**

**Entity Name:**  SUSAN M. MORRISON, LMHC, P.A.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 1122 THIRD STREET STE 7<br>NEPTUNE BEACH, FL  3266 | 1122 THIRD STREET STE 7<br>NEPTUNE BEACH, FL  32266 |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 1122 THIRD STREET STE 7<br>NEPTUNE BEACH, FL  3266 | 1122 THIRD STREET STE 7<br>NEPTUNE BEACH, FL  32266 |

FEI Number: 01-0734955        FEI Number Applied For ( )        FEI Number Not Applicable ( )        Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| MORRISON, SUSAN M<br>1122 THIRD STREET STE 7<br>NEPTUNE BEACH, FL  3266 | MORRISON, SUSAN M<br>1122 THIRD STREET STE 7<br>NEPTUNE BEACH, FL  32266 |

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:  SUSAN M. MORRISON                                                                03/01/2004
_____                              _____
Electronic Signature of Registered Agent                                                      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

## OFFICERS AND DIRECTORS:

| ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |

Title:        PSTD        ( ) Delete
Name:       MORRISON, SUSAN M
Address:    1122 THIRD STREET STE 7
City-St-Zip:   NEPTUNE BEACH, FL  3266

Title:                       ( ) Change  ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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:  SUSAN M. MORRISON, L.M.H.C. P.A.                    PSTD                    03/01/2004
_____                              _____
Electronic Signature of Signing Officer or Director                                                      Date