

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90283 035 \*\*\*150.00

<b>DOCUMENT # P02000089074</b> 1. Entity Name <b>MICHAEL MORGAN VENTURES, INC.</b>																											
Principal Place of Business <b>269 BERNARD AVENUE LONGWOOD, FL 32750</b>		Mailing Address <b>PO BOX 1172 BUSHNELL, FL 33513</b>																									
2. Principal Place of Business <b>200 E. Central Parkway #1020</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																									
City & State <b>Altamonte Springs FL</b>		City & State _____																									
Zip <b>32701</b>		Country <b>USA</b>																									
4. FEI Number <b>01-0741084</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04272004 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent Name <b>Michael Morgan</b> Street Address (P.O. Box Number is Not Acceptable) <b>220 E. Central Parkway #1020</b> City <b>Altamonte Springs</b> <b>FL</b> Zip Code <b>32701</b>																									
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 <b>Michael Morgan</b> DATE <b>27 APR 04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
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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. <b>SIGNATURE:</b> <b>Michael Morgan President</b> <b>27 APR 04</b> <b>352 457 3003</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											