

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90745 009 \*\*\*150.00

<b>DOCUMENT # P02000092371</b>					
<b>1. Entity Name</b> MORRIS SECURITY INC.					
<b>Principal Place of Business</b> 970 E MAYS ST MONTICELLO FL 32344			<b>Mailing Address</b> 970 E MAYS ST MONTICELLO FL 32344		
<b>2. Principal Place of Business</b> MONTICELLO		<b>3. Mailing Address</b> 970 EAST MAYS ST			
Suite, Apt. #, etc. 970 EAST MAYS ST		Suite, Apt. #, etc. MONTICELLO FL 32344			
City & State FL		City & State MONTICELLO FL 32344			
Zip 32344		Country JEFFERSON		Zip 32344	
Country JEFFERSON		Country JEFFERSON			
<b>6. Name and Address of Current Registered Agent</b>  MORRIS, JOHNNY L 970 E MAYS ST MONTICELLO FL 32344			<b>4. FEI Number</b> 13-4208878		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>Applied For</b> Not Applicable		
<b>7. Name and Address of New Registered Agent</b>			<b>8.75 Additional Fee Required</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
<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.</b>					
SIGNATURE <i>Johnny L Morris</i> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, JOHNNY L 970 E MAYS ST MONTICELLO FL 32344	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	NOT IN	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	NOT IN	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	NOT IN	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	NOT IN	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	NOT IN	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	NOT IN	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	NOT IN	<input type="checkbox"/> Delete			
<b>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>					
<b>SIGNATURE:</b> <i>Johnny L Morris</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4-29-2014-997-2466					