2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # P02000119483

1. Entity Name
JACQUELINE MORRISSEY INC

Principal Place of Business	Mailing Address
3545 S OCEAN BLVD.	3545 S OCEAN BLVD.
S. PALM BEACH, FL 33480	S. PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

03112007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
36-4511455	Not Applicable

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

6. Name and Address of Current Registered Agent

MORISSSEY, JACQUELINE
3545 S OCEAN BLVD.
SOUTH PALM BEACH, FL 33480

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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 _Jacqueline Morrissey_   3|18|07

Signature typed or printed name of registered agent and title if applicable   (NOT) Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	MORRISSEY, JACQUELINE
STREET ADDRESS	3545 S OCEAN BLVD.
CITY-ST-ZIP	S. PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/30/07-80030-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _Jacqueline Morrissey_   3|18|07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #