

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90040 044 \*\*\*150.00

<b>DOCUMENT # P03000000917</b> 1. Entity Name <b>DONALD C. MORROW, INC.</b>					
Principal Place of Business <b>13102 N. OREGON AVENUE TAMPA, FL 33612</b>			Mailing Address <b>16528 N DALE MABRY HWY 13102 TAMPA, FL 33618 N. OREGON AVE TAMPA FL 33612</b>		
2. Principal Place of Business - No P.O. Box # <b>13102 N. OREGON</b>		3. Mailing Address <b>13102 N. OREGON</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01222008    Chg-P    CR2E034 (12/06)	
City & State <b>TAMPA FL</b>		City & State <b>TAMPA FL</b>		4. FEI Number <b>14-1863997</b>	
Zip <b>33612</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33612</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SANDERS, WALTER 16528 N DALE MABRY HWY TAMPA, FL 33618</b>			7. Name and Address of New Registered Agent Name <b>DON MORROW</b> Street Address (P.O. Box Number is Not Acceptable) <b>13102 N. OREGON AVE</b> City <b>TAMPA</b> State <b>FL</b> Zip Code <b>33612</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 <u><i>Donald C Morrow</i></u> DATE <u><i>4/4/08</i></u> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing <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	<b>D MORROW, DONALD C 13102 N. OREGON AVENUE TAMPA, FL 33612</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Don Morrow</i></u> <b>DON MORROW</b>			Date <u><i>4/4/08</i></u> Daytime Phone # <u><i>813-244 7461</i></u>		