


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90042 016 ***150.00

DOCUMENT # P03000009028 1. Entity Name MORGAN, CONAWAY & ASSOCIATES, INC.					
Principal Place of Business 21245 S. BUCKHILL RD. CLERMONT, FL 34711 US			Mailing Address 21245 S. BUCKHILL RD. CLERMONT, FL 34711 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3766922	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MORGAN, WALTER S 21245 S. BUCKHILL RD. CLERMONT, FL 34711				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME MORGAN, WALTER S		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 21245 S. BUCKHILL RD.			CITY-ST-ZIP		
CITY-ST-ZIP CLERMONT, FL 34711			CITY-ST-ZIP		
TITLE VP	NAME CONAWAY, PRESTON		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 416 FULLERSCROSS RD.			CITY-ST-ZIP		
CITY-ST-ZIP WINTER GARDEN, FL 34787			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <i>Walter S. Morgan</i>			Date 1-26-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

352-242-1282