


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-16-2004 90128 015 \*\*\*150.00

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<b>DOCUMENT # P03000032359</b> 1. Entity Name <b>JR MORGAN CONSULTING, INC.</b>					
Principal Place of Business <b>2554 BROCKVIEW POINT ORANGE PARK, FL 32073</b>			Mailing Address <b>2554 BROCKVIEW POINT ORANGE PARK, FL 32073</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <div style="text-align: center; font-weight: bold;">75-3107530</div> <div style="text-align: right;"> <input type="checkbox"/> Applied For  <input checked="" type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01262004    Chg-P    CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>MORGAN, JOE -- 2554 BROCKVIEW POINT ORANGE PARK, FL 32073</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL      Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;">DATE _____</div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT</b> <b>Joe Morgan</b> <b>2554 Brockview Pointe</b> <b>Orange Park, FL 32073</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>	
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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.					
SIGNATURE: <u>Joseph R. Morgan</u> <b>JOSEPH R. MORGAN</b> <u>4/14/04</u> <u>770-319-8323</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					