

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90055 037 ***150.00

DOCUMENT # P03000032359 1. Entity Name JR MORGAN CONSULTING, INC.			
Principal Place of Business 9045 DANCY TREE CT. ORLANDO, FL 32836		Mailing Address 9045 DANCY TREE CT. ORLANDO, FL 32836	
2. Principal Place of Business - No P.O. Box # 2554 Brockview Pt.		3. Mailing Address 2554 Brockview Pt	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orange Park, FL		City & State Orange Park, FL	
Zip 32073		Zip 32073	
Country US		Country US	
4. FEI Number 75-3107530		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORGAN, JOE 9045 DANCY TREE CT. ORLANDO, FL 32836		7. Name and Address of New Registered Agent Name Debra W. Morgan Street Address (P.O. Box Number is Not Acceptable) 2554 Brockview Pt City Orange Park FL Zip Code 32073	
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>Debra W. Morgan</u> (NOTE: Registered Agent signature required when reinstating) 2/20/07 <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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, JOE <input checked="" type="checkbox"/> Delete STREET ADDRESS 9045 DANCY TREE CT. CITY-ST-ZIP ORLANDO, FL 32836	TITLE P NAME Debra W. Morgan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 2554 Brockview Pt CITY-ST-ZIP Orange Park, FL 32073		
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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: <u>Debra W. Morgan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/20/07</u> (904) 222-4027 <small>Daytime Phone #</small>	