


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90263 030 ***150.00

DOCUMENT # P03000053533

1. Entity Name
STEPHANIE MORR SERVICE CORPORATION



Principal Place of Business
1323 SE 17TH ST #326 FORT LAUDERDALE, FL 33316 US

Mailing Address
1323 SE 17TH ST #326 FORT LAUDERDALE, FL 33316 US


2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
20-0040331 Applied For
 Not Applicable

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

03232006 Chg-P CR2E034 (11/05)



6. Name and Address of Current Registered Agent
MORR, STEPHANIE
1821 SW 46 AVE
FT LAUDERDALE, FL 33317

7. Name and Address of New Registered Agent
 Name **Morr, Stephanie**
 Street Address (P.O. Box Number is Not Acceptable) **1320 Miami Rd # 12**
 City **Fort Lauderdale** **FL** Zip Code **33316**

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 *Stephanie Morr* **Stephanie Morr** DATE **3/23/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	D MORR, STEPHANIE 1821 SW 46 AVE FT LAUDERDALE, FL 33317 <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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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: *Stephanie Morr* **Stephanie Morr** DATE **3/22/06** DAYTIME PHONE # **954-881-4899**

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