

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90379 002 \*\*\*150.00

**DOCUMENT # P03000057507**

1. Entity Name  
**MORRA CONSTRUCTION CORP.**



Principal Place of Business  
27 S.E. 24TH AVENUE  
SUITE 8  
POMPAÑO BEACH, FL 33062

Mailing Address  
1418 MAGNOLIA DRIVE  
BOYNTON BEACH, FL 33436

2. Principal Place of Business

1418 Magnolia drive  
Suite, Apt. #, etc.

3. Mailing Address

1418 Magnolia drive  
Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Bch FL

Zip

33436

Country

Palm Beach

Zip

33436

Country

Palm Beach

03312006

Chg-P

CR2E034 (11/05)

4. FEI Number

04-3759405

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLIS & WALLIS, P.A.  
2641 E. ATLANTIC BLVD.  
SUITE 307  
POMPAÑO BEACH, FL 33062

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

*John Morra*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/31/06  
DATE

**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

TITLE P  
NAME MORRA, JOHN J ☐ Delete  
STREET ADDRESS 27 S.E. 24TH AVENUE, SUITE 8  
CITY-ST-ZIP POMPAÑO BEACH, FL 33062

TITLE S/T  
NAME MORRA, LUCY ☐ Delete  
STREET ADDRESS 27 S.E. 24TH AVENUE, SUITE 8  
CITY-ST-ZIP POMPAÑO BEACH, FL 33062

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*John Morra*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/06