


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State


04-21-2005 90247 048 ***150.00

DOCUMENT # P03000097115	
1. Entity Name MORRIS JLL ENTERPRISES, INC.	

Principal Place of Business 1195 24TH AVENUE NORTH ST. PETERSBURG, FL 33704 US	Mailing Address 1195 24TH AVENUE NORTH ST. PETERSBURG, FL 33704 US
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2. Principal Place of Business 2506 Premier Dr. South	3. Mailing Address 2506 Premier Dr. South
Suite, Apt. #, etc. Gulfport FL	Suite, Apt. #, etc. Gulfport, FL
City & State 33707	City & State 33707
Zip	Country

20039953



04192005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0198566	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 MORRIS, JOSEPH J 1195 24TH AVENUE NORTH ST. PETERSBURG, FL 33704	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	2506 Premier Drive South
City	Gulfport
State	FL
Zip Code	33707

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: *Joe Morris* (NOTE: Registered Agent signature required when reinstating)

DATE: 4/19/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, JOSEPH J 1195 24TH AVENUE NORTH ST. PETERSBURG, FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2506 Premier Drive South Gulfport, FL 33707 <input type="checkbox"/> Change <input type="checkbox"/> Addition (Address Change only)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,D MORRIS, LYNN M 1195 24TH AVENUE NORTH ST. PETERSBURG, FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2506 Premier Drive South Gulfport, FL 33707 <input type="checkbox"/> Change <input type="checkbox"/> Addition (Address Change only)
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
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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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

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: *Joe Morris* **4-19/05** **727-7767482**

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