


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90007 016 ***150.00

DOCUMENT # P03000097115 1. Entity Name MORRIS JLL ENTERPRISES, INC.					
Principal Place of Business 2506 PREMIER DR. SOUTH SAINT PETERSBURG, FL 33707 US			Mailing Address 2506 PREMIER DR. SOUTH SAINT PETERSBURG, FL 33707 US		
2. Principal Place of Business 2506 Premier Dr. S.		3. Mailing Address 2506 Premier Dr. S.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Gulfport, FL		City & State Gulfport, FL			
Zip 33707		Country USA		Zip 33707	
Country USA		Country USA			
6. Name and Address of Current Registered Agent MORRIS, JOSEPH J 2506 PREMIER DRIVE SOUTH SAINT PETERSBURG, FL 33707			7. Name and Address of New Registered Agent Name Morris, Joseph J Street Address (P.O. Box Number is Not Acceptable) 2506 Premier Dr. S. City Gulfport 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: <u><i>Joseph J. Morris</i></u> Joseph J. Morris <u><i>3-15-06</i></u> 3-15-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, JOSEPH J 2506 PREMIER DRIVE SOUTH GULFPORT, FL 33707 <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	VP,D MORRIS, LYNN M 2506 PREMIER DRIVE SOUTH GULFPORT, FL 33707 <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 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><i>Joe Morris</i></u> Joseph J. Morris <u><i>3-15-06 727-481-1077</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					