

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000102398

1. Entity Name
RONNIE MORGAN, INC.



01312005 No Chg-P CR2E034 (10/03)

4. FCI Number
20-0234724

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MORGAN, RONALD A
846 SE 9TH TERRACE
CAPE CORAL, FL 33990

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: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	MORGAN, RONALD A
STREET ADDRESS	846 SE 9TH TERRACE
CITY, ST, ZIP	CAPE CORAL, FL 33990
TITLE	VP
NAME	DAGGETT, BILLI JO
STREET ADDRESS	846 SE 9TH TERRACE
CITY, ST, ZIP	CAPE CORAL, FL 33990
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

U000000212497
02/03/05-80030-024 150.00

12. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(f) 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, without other, as empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronnie Morgan **Ronnie Morgan** 1-28-05