

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90080 045 ***150.00

DOCUMENT # P03000127246

1. Entity Name

WILLIAM MORRIS PAINTING INC.



Principal Place of Business

**2409 BALSAM TERRACE
TALLAHASSEE FL 32303**

Mailing Address

**2409 BALSAM TERRACE
TALLAHASSEE FL 32303**

34060406

2. Principal Place of Business

2409 Balsam Terr.

Suite, Apt. #, etc.

3. Mailing Address

2409 Balsam Terr.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Tallahassee, FL.

Zip
32303

Country

Leon

City & State

Tallahassee, FL.

Zip
32303

Country

Leon

4. FEI Number

20-0371047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORRIS, WILLIAM M
2409 BALSAM TERRACE
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name **Morris William M**

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

2409 Balsam Terrace

City **Tallahassee**

FL

Zip Code
32303

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

William M. Morris

William M. Morris

4/26/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MORRIS, WILLIAM M**
STREET ADDRESS **2409 BALSAM TERRACE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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

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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 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:

William M. Morris

4/26/04 (850)297-1779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #