


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90389 039 ***158.75

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1. Entity Name
WILLIAM MORRIS PAINTING INC.



Principal Place of Business
 2409 BALSAM TERR.
 TALLAHASSEE FL 32303

Mailing Address
 2409 BALSAM TERR.
 TALLAHASSEE FL 32303



2. Principal Place of Business - No P.O. Box #
 2409 Balsam Terr.

3. Mailing Address
 2409 Balsam Terr.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
 Tallahassee, FL.

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 TERR.
TALLAHASSEE FL 32303

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 *Mr. William M. Morris* DATE **4/20/07**

Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	MORRIS, WILLIAM M	2409 BALSAM TERRACE	TALLAHASSEE FL 32303	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
(Pres.)	William M. Morris	2409 Balsam Terr.	Tallahassee, FL 32303	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mr. William M. Morris* DATE: **4/20/07** (850) 524-0001

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