



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90043 007 ***150.00

DOCUMENT # P03000133901 1. Entity Name MORGAN HOME REMODELING, INC.		
Principal Place of Business 16915 1ST STREET EAST APT. D NORTH REDINGTON BEACH FL 33708		Mailing Address 16915 1ST STREET EAST APT. D NORTH REDINGTON BEACH FL 33708
2. Principal Place of Business 10505 Lake Vista Dr. Suite, Apt. #, etc.	3. Mailing Address 10505 Lake Vista Dr. Suite, Apt. #, etc.	
City & State Seminole, FL Zip 33772	Country USA	City & State Seminole, FL Zip 33772
4. FEI Number 05-4213541		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 MORGAN, TIMOTHY J 16915 1ST STREET EAST APT. D NORTH REDINGTON BEACH FL 33708		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>
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 MORGAN, TIMOTHY J 16915 1ST STREET EAST #D NORHT REDINGTON BEACH FL 33708	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP S, T MORGAN, TIMOTHY J 16915 1ST STREET EAST #D NORTH REDINGTON BEACH FL 33708	<input type="checkbox"/> Delete	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		8-02-05 727-492-9619 <small>Date Daytime Phone #</small>