

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90037 031 ***158.75

DOCUMENT # P03000133901

1. Entity Name
MORGAN HOME REMODELING, INC.



Principal Place of Business
**10505 LAKE VISTA DR
SEMINOLE, FL 33772**

Mailing Address
**10505 LAKE VISTA DR
SEMINOLE, FL 33772**

50009965



04042006 Chg-P CR2E034 (11/05)

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.

City & State

Seminole, FL.

Zip

33772

Country

USA

Zip

33772

Country

USA

4. FEI Number
05-4213541

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$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

MORGAN, TIMOTHY J.

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

10505 LAKE VISTA DR.

City

SEMINOLE

FL

Zip Code

33772

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

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, 2006 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** ☒ Delete
NAME **MORGAN, TIMOTHY J**
STREET ADDRESS **16915 1ST STREET EAST #D**
CITY-ST-ZIP **NORHT REDINGTON BEACH, FL 33708**

TITLE **S, T** ☒ Delete
NAME **MORGAN, TIMOTHY J**
STREET ADDRESS **16915 1ST STREET EAST #D**
CITY-ST-ZIP **NORTH REDINGTON BEACH, FL 33708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addit
NAME **MORGAN, TIMOTHY J.**
STREET ADDRESS **10505 Lake Vista Dr.**
CITY-ST-ZIP **Seminole, FL. 33772**

TITLE **ST** ☒ Change ☐ Addit
NAME **MORGAN, TIMOTHY J.**
STREET ADDRESS **10505 Lake Vista, Dr.**
CITY-ST-ZIP **Seminole, FL-33772**

TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Timothy J. Morgan**

4-4-06

727-492-9619