2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 27, 2006 8:00 am Secretary of State

1-24-06 Date 904366-4417

DOCUMENT # P03000139965 1. Entity Name CENCI-MORRIS CO., INC.								01-27-2006 9	00025 0	12 ***15	0.00	
Principal Place of Business Mailing Address												
2406 N. LIBERTY ST JACKSONVILLE, FL 32206				2406 N. LIBERTY ST Jacksonville, Fl. 32206				U0007015				
2. Principal Place of Business			3.	3. Mailing Address								
Suite, Apt. #, etc.			,	Suite, Apt. #, etc.			01182006	Chg-P	CR2E	034 (11/05))	
City & State				City & State			4. FEI Numb 20-043		Applied For Not Applicable			
Zip	Country			Zip Coun		itry	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name	and Address of	Current Regis	tered Agent	·	Name	7. Name and	Address of New Re	gistered	Agent		
CENCI, MICHAEL 2406 N. LIBERTY ST JACKSONVILLE, FL 32206							ess (P.O. Box Numb	er is Not Acceptable)			
						City			FL	Zip Co	de	
	tions of regis			ourpose of changing its			istered agent, or bo	oth, in the State of Floo			, and accept	
		FEE IS \$150 6 Fee will be		9. Election Campa Trust Fund Con		· —	\$5.00 May Be Added to Fees			·	,	
10.	10	OFFICE	RS AND DIREC		11.		ADDITIONS	CHANGES TO OFFI	CERS ANI			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CENCI, M 6340 CUS ORANGE		65	☐ Delete		_				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHN, MO 292 MINE YULEE, F	RRD		☐ Delete		i i				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	- 1					☐ Change	Addition	
indicated of the co	i on this repo rporation or t	rt or supplementa he receiver or trus	I report is true a stee empowere address, with a	iling does not qualify the and accurate and that doesecute this report other like empowered	my signa It as requi	iture shall have	the same legal effe	ct as if made under o	ath; that I	am an office	er or director	

SQUATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _