

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000139965

1. Entity Name  
CENCI-MORRIS CO., INC.



Principal Place of Business  
2406 N. LIBERTY ST  
JACKSONVILLE, FL 32206

Mailing Address  
2406 N. LIBERTY ST  
JACKSONVILLE, FL 32206

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CENCI, MICHAEL  
2406 N. LIBERTY ST  
JACKSONVILLE, FL 32206

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, 2008 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  
NAME CENCI, MICHAEL  
STREET ADDRESS 6340 CUSTER RD  
CITY-ST-ZIP ORANGE PARK, FL 32065

TITLE VP  
NAME JOHN, MORRIS  
STREET ADDRESS 292 MINER RD  
CITY-ST-ZIP YULEE, FL 32097

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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IN THIS SPACE**

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:

*Michael CenCI* 3/5/08, 904-356-4417  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

OK# 9829

**FILED  
Mar 10, 2008 8:00 am  
Secretary of State**

03-10-2008 90066 024 \*\*\*150.00

40041953



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0431893	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>