

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90018 020 ***150.00

DOCUMENT # P03000140628

1. Entity Name
MORSE FLOORING, INC.



Principal Place of Business
**7830 BUNDY LAKE RD
KEYSTONE HEIGHTS, FL 32656**

Mailing Address
**7830 BUNDY LAKE RD
KEYSTONE HEIGHTS, FL 32656**



2. Principal Place of Business

7933 Darwood St.

Suite, Apt. #, etc.

3. Mailing Address

7933 Darwood St.

Suite, Apt. #, etc.

02272006

Chg-P

CR2E034 (11/05)

City & State

Melrose, FL

Zip

32656

Country
USA

City & State

Melrose, FL

Zip

32656

Country
USA

4. FEI Number

20-0499996

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORSE, JAMES P
7830 BUNDY LAKE RD
KEYSTONE HEIGHTS, FL 32656**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **P MORSE, JAMES P** ☐ Delete
STREET ADDRESS **7830 BUNDY LAKE RD**
CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

TITLE
NAME **P James P. Morse** ☒ Change ☐ Addition
STREET ADDRESS **7933 Darwood St.**
CITY-ST-ZIP **Melrose, FL 32656**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **S James Lussier** ☐ Change ☒ Addition
STREET ADDRESS **6246 CR 315C**
CITY-ST-ZIP **Keystone Heights, FL 32656**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-06