## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 03, 2006 8:00 am Secretary of State DOCUMENT # P03000140841 04-03-2006 90356 022 \*\*\*150.00 1. Entity Name MORRIS CONSTRUCTION FIRM, INC. Principal Place of Business Mailing Address 1323 CEDAR CIR -1323 CEDAR CIR-HOLLY HILL, FL 32117 HOLLY HILL, FL 321-17 2. Principal Place of Business 3. Mailing Address P.O. BOX 250745 <u>P.O. Box</u> 25074 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 03282006 Chg-P City & State City & State 4. FEI Number Applied For Houry 54-2132929 Not Applicable HOLLY \$8.75 Additional 5. Certificate of Status Desired 3a125 6. Name and Address of Current Registered Agent USA Fee Required 7. Name and Address of New Registered Agent MORRIS, WAYNE E JR. Street Address (P.O. Box Number is Not Acceptable) 1323 CEDAR CIR. HOLLY HILL, FL-32117 P.O. Box 250745 City HOLLY HILL, FL. 32125-0745 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition Morris, whyne e Jr. P.O. Box 250745 MORRIS, WAYNE E JR NAME NAME STREET ADDRESS 1323 CEDAR CIR. STREET ADDRESS HOLLY HILL FL 32117 HOLLY HILL, FL. 32125-6745 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP 12. I hereby certify that the information supplied with this filling 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.

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