


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000143965</b>	
1. Entity Name <b>ROBERT MORRIS CONSTRUCTION, INC.</b>	
	
Principal Place of Business <b>5626 CARISSA RD W. MELBOURNE, FL 32904</b>	Mailing Address <b>5626 CARISSA RD W. MELBOURNE, FL 32904</b>



07232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0619897</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MORRIS, ROBERT  
5626 CARISSA RD  
W. MELBOURNE, FL 32904**

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 8, 2006**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, ROBERT 5626 CARISSA RD W. MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, JAMES 5626 CARISSA RD W. MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOND, MARIAN 5626 CARISSA RD W. MELBOURNE, FL 32904
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U00000573509  
08/04/06-80010-014 550.00

**DO NOT WRITE  
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: Robert Morris **ROBERT MORRIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-06

Date

321 223 2178

Daytime Phone #