2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000001477

MORRIS, CLIFTON J III

444 BOUCHELLE DR # 101

NEW SMYRNA BEACH, FL 32169 US

Name:

Address:

City-St-Zip:

Entity Name: MCDUFFIE/MORRIS FINANCIAL GROUP, INC.

FILED Feb 16, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
3 BROADI	RIVER ROAD	321749744 US	·		
Current Mailing Address:			New Mailing Address:		
	RIVER ROAD BEACH, FL	321749744 US			
FEI Number	: 52-1940798	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:	
3 BROAĎI ORMOND	,	321748744 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MORRIS, CLIF 3 BROADRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MORRIS, ERE 117 BROWN () Delete TTA M CRANE COURT ACH, FL 32119 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MORRIS, AMII 6425 PARK PO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CLIFTON MORRIS JR. PRES 02/16/2009