

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90155 028 ***150.00

DOCUMENT # P04000052204

1. Entity Name
MORGAN STONE PRODUCTIONS, INC.



Principal Place of Business
**74 ABBEY HOLLOW DRIVE
APOPKA, FL 32712 US**

Mailing Address
**717 EAST OAK STREET
KISSIMMEE, FL 34744 US**

50011073



2. Principal Place of Business
P.O. Box 338
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01302006 Chg-P CR2E034 (11/05)

City & State
Apopka, FL

City & State

4. FEI Number
20-0903391

Applied For
Not Applicable

Zip
32704

Country
US

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SUTTON, TAMMY
74 ABBEY HOLLOW DRIVE
APOPKA, FL 32712**

7. Name and Address of New Registered Agent

Name
Andy J. Baumruk
Street Address (P.O. Box Number is Not Acceptable)
717 East Oak Street
City
Kissimmee **FL** Zip Code
34744

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

3/1/06

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
SUTTON, TAMMY
74 ABBEY HOLLOW DRIVE
APOPKA, FL 32712** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**P.O. Box 338
Apopka, FL 32704**

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

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

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

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

3/20/06
Date

407-908-8460
Daytime Phone #