## 2008 FOR PROFIT CORPORATION

## **FILED** Mar 17, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P04000056119 1. Entity Name MORBRO, INC. Principal Place of Business Mailing Address 18001 SR 51 18001 SR 51 LIVE OAK, FL 32060 LIVE OAK, FL 32060 No Chg-P CR2E034 (11/05) 02282008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0862988 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORRIS, MELISSA L DO NOT WRITE 18001 SR 51 LIVE OAK, FL 32060 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 little il applicable (NOTE, Registered Agent signature required when reinstating) <del>U00000860876</del> 04/02/08-80077-021 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MORRIS, MELISSA L NAME 229 NW LAFEYETTE AVE. STREET ADDRESS CITY-ST-ZIP MAYO, FL 32066 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 charged, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP