2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000065005

1. Entity Name
MORRIS LEGACY, INC.

Principal Place of Business	Mailing Address
4 CAHABA CT	PO BOX 1297
DESTIN, FL 32541	DESTIN, FL 32540

DO NOT WRITE IN THIS SPACE

03282007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-1045440		Not Applicable

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

6. Name and Address of Current Registered Agent

MORRIS, LARRY L
4 CAHABA CT
DESTIN, FL 32541

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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 to accept appointment.   (If Florida Registered Agent's signature is required when changing the initial agent)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MORRIS, LARRY L
STREET ADDRESS	4 CAHABA CT
CITY ST ZIP	DESTIN, FL 32541
TITLE	S
NAME	MORRIS, JOSEPH A
STREET ADDRESS	3334 ROSS CLARK CIR
CITY ST ZIP	DOTHAN, AL 36301
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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04/09/07-80034-023 150.00

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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   DATE