## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 08:00 AM Secretary of State **DOCUMENT # P04000065005** 1. Entity Name MORRIS LEGACY, INC. Mailing Address Principal Place of Business 4 CAHABA CT PO BOX 1297 DESTIN, FL 32541 DESTIN, FL 32540 No Chg-P 04252008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1045440 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORRIS, LARRY L DO NOT WRITE 4 CAHABA CT DESTIN, FL 32541 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. DATE Signature, typed or printed name of registered apent and title if applicable. (NOTE: Recistered Agent pigneture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MORRIS, LARRY L NAME 4 CAHABA CT U00000926087 05/20/08-80052-013 150.00 STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 TITLE NAME MORRIS, JOSEPH A STREET ADDRESS 3334 ROSS CLARK CIR CITY-ST-ZIP DOTHAN, AL 36301 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADORESS CITY-ST-ZIP NAME STREET ADDRESS

**FILED** 

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.

CITY-ST-ZIP

SIGNATURE: My K Muni Proj LARRY L- MORKE, PRES 4-21-08 950 865470