

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000080225

FILED  
Feb 06, 2006  
Secretary of State

Entity Name: MORNINGWOOD SERVICES CORP.

## Current Principal Place of Business:

1998 EMBASSY ROAD  
NORTH PORT, FL 34286

## New Principal Place of Business:

3393 ULMAN AVE.  
NORTH PORT, FL 34286

## Current Mailing Address:

1998 EMBASSY ROAD  
NORTH PORT, FL 34286

## New Mailing Address:

3393 ULMAN AVE.  
NORTH PORT, FL 34286

FEI Number: 35-2253619

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MUNOZ, HECTOR  
1998 EMBASSY ROAD  
NORTH PORT, FL 34286 US

## Name and Address of New Registered Agent:

MUNOZ, HECTOR  
3393 ULMAN AVE  
NORTH PORT, FL 34286 US

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.

SIGNATURE: HECTOR MUNOZ

02/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MUNOZ, HECTOR  
Address: 2953 PADDOCK CT  
City-St-Zip: NORTH PORT, FL 34288

Title: D ( ) Delete  
Name: CLAYDON, JAMES D III  
Address: 1998 EMBASSY ROAD  
City-St-Zip: NORTH PORT, FL 34286

Title: P ( ) Delete  
Name: DODSON, FRANCIS V  
Address: 507 VERONE ST  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VP ( ) Delete  
Name: PARTRIDGE, AARON R  
Address: 1062 SANGER ST  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S ( ) Delete  
Name: CLAYDON, CHERIE L  
Address: 1998 EMBASSY RD  
City-St-Zip: NORTH PORT, FL 34286

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CLAYDON, JAMES D III  
Address: 3393 ULMAN AVE.  
City-St-Zip: NORTH PORT, FL 34286

Title: P (X) Change ( ) Addition  
Name: DODSON, FRANCIS V  
Address: 507 VERONA ST  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: CLAYDON, CHERIE L  
Address: 3393 ULMAN AVE.  
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: CHERIE L. CLAYDON

S

02/06/2006

Electronic Signature of Signing Officer or Director

Date