




2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90041 019 ***150.00

DOCUMENT # P04000080494 1. Entity Name THE MORSE GROUP INCORPORATED			
Principal Place of Business 2904 KENTUCKY STREET WEST PALM BEACH, FL 33406		Mailing Address 2904 KENTUCKY STREET WEST PALM BEACH, FL 33406	
2. Principal Place of Business 5897 S. 37th St. Suite, Apt. #, etc.		3. Mailing Address 5897 S. 37th St. Suite, Apt. #, etc.	
City & State Greenacres, FL Zip 33463		City & State Greenacres, FL Zip 33463	
Country US		Country US	
4. FEI Number 86-1106832		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORSE, JEREMY 2904 KENTUCKY STREET WEST PALM BEACH, FL 33406		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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  DATE 3/21/05 <small>(NOTE: Registered Agent signature required when restatesting)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME MORSE, JEREMY	TITLE P	NAME MORSE, JEREMY
STREET ADDRESS 2904 KENTUCKY STREET	CITY-ST-ZIP WEST PALM BEACH, FL 33406	STREET ADDRESS 5897 S. 37th St.	CITY-ST-ZIP Greenacres, FL 33463
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date 3/21/05 Daytime Phone # 561-644-0577	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	