

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 21, 2005 8:00 am
Secretary of State

01-31-2005 90053 029 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000095125					
1. Entity Name R & J MORRIS, INC.					
Principal Place of Business 2064 PARK STREET JACKSONVILLE FL 32204			Mailing Address 2064 PARK STREET JACKSONVILLE FL 32204		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 83-0421888	
				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 MORRIS, JEFFREY B 2064 PARK STREET JACKSONVILLE FL 32204				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	Chairman	Jeffrey B. Morris	2064 Park St		
		Jax, FL 32204			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	President	Jeffrey B. Morris	2064 Park St		
		Jax, FL 32204			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	Secretary	Jeffrey B. Morris	2064 Park St		
		Jax, FL 32204			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	Treasurer	Jeffrey B. Morris	2064 Park St		
		Jax, FL 32204			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
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 a power like empowered.					
SIGNATURE: <u>Jeffrey B. Morris</u> <u>Jeffrey B. Morris</u> <u>1/25/05</u> <u>904-384-8488</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					