2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2006 08:00 AM **Secretary of State** DOCUMENT # P04000095125 1. Entity Name R & J MORRIS, INC. Principal Place of Business Mailing Address 2064 PARK STREET 2064 PARK STREET JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 No Chg-P CR2E034 (11/05) 01032006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 83-0421888 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MORRIS, JEFFREY B 2064 PARK STREET JACKSONVILLE, FL 32204 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agont signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. CPST MORRIS, JEFFERY B NAME 2064 PARK ST. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32204 PERTPERBUUMF 71T/F 317247U6-80149-014 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 empoyaged 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 of the control of the 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 of the control of the 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 of the control of the 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 of the control of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED