## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000096584

MORRIS, SUZANNE

BOCA RATON, FL 33427

PO BOX 276153

Name:

Address:

City-St-Zip:

Entity Name: MORKOW ENTERPRISES, INC.

FILED Mar 07, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6622 PATIO LANE BOCA RATON, FL 33433 **Current Mailing Address: New Mailing Address:** PO BOX 276153 BOCA RATON, FL 33427 FEI Number: 20-1335781 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORRIS, JAN M 6622 PATIO LANE BOCA RATON, FL 33433 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition MORRIS, JAN M Name: Name: MORRIS, JAN M PO BOX 276153 PO BOX 276153 Address: Address: City-St-Zip: BOCA RATON, FL 33427 City-St-Zip: BOCA RATON, FL 33427 Title: VΡ (X) Delete Title: () Change () Addition Name: SUKOW, JAMES Name: PO BOX 3193 Address: Address: KEY LARGO, FL 33037 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete TS (X) Change ( ) Addition SUKOW, BARBARA MORRIS, SUZANNE Name: Name: PO BOX 3193 PO BOX 276153 Address: Address: City-St-Zip: KEY LARGO, FL 33037 City-St-Zip: BOCA RATON, FL 33427 Title: (X) Delete Title: () Change () Addition

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

Name:

Address:

City-St-Zip:

SIGNATURE: JAN MICHAEL MORRIS P 03/07/2005