


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2006 8:00 am**  
**Secretary of State**

08-09-2006 90013 008 \*\*\*550.00

<b>DOCUMENT # P04000136507</b>			
1. Entity Name <b>MORRIS BENEFITS RESEARCH, INC.</b>			
Principal Place of Business <b>8115 WEST GULF BLVD TREASURE ISLAND FL 33706</b>		Mailing Address <b>8115 WEST GULF BLVD TREASURE ISLAND FL 33706</b>	
2. Principal Place of Business <i>8115 W. Gulf Blvd</i>		3. Mailing Address <i>PO Box 15438</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Treasure Island FL</i>		City & State <i>St Petersburg FL</i>	
Zip <i>33706</i>	Country <i>United States</i>	Zip <i>33733</i>	Country <i>United States</i>
6. Name and Address of Current Registered Agent  <b>CARPENTER, RICHARD N 8115 WEST GULF BLVD TREASURE ISLAND FL 33706</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Richard N. Carpenter</i> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.			
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State</b>		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARPENTER, RICHARD N 8115 WEST GULF BLVD TREASURE ISLAND FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES ROBYN, MORRIS PO BOX 803 CHAGRIN FALL OH 44022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MICHAEL, COHENGREENBERG 2846 BENTWOOD DR MARIETTA GA 30062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JOANNE, PECINA 3827 CENTENNIAL TRAIL DULUTH GA 30096 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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
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

12. I hereby certify that the information supplied with this filing 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 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:** *Richard N. Carpenter* *7/31/06 404-277-7678*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #