


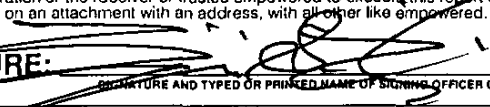
# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90200 028 \*\*\*150.00

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<b>DOCUMENT # P04000141858</b>					
1. Entity Name <b>MORGAN AND DINKINS, INC.</b>					
Principal Place of Business <b>1524 SMITH STREET SUITE 103 ORANGE PARK, FL 32073</b>			Mailing Address <b>1524 SMITH STREET SUITE 103 ORANGE PARK, FL 32073</b>		
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 <b>20-1755745</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DINKINS, BENJAMIN S 1524 SMITH STREET SUITE 103 ORANGE PARK, FL 32073</b>				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		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		<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>DINKINS, BENJAMIN S.</b>	
STREET ADDRESS			STREET ADDRESS	<b>1524 SMITH STREET - SUITE 103</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>MORGAN, PETER C.</b>	
STREET ADDRESS			STREET ADDRESS	<b>1524 SMITH STREET - SUITE 103</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			BENJAMIN S. DINKINS 4/27/05 (904) 545-8592		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		