

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000150432

Entity Name: MORRIS & KALM, INC

FILED
Feb 06, 2008
Secretary of State

Current Principal Place of Business:

6450 KINGSPONTE PKWY
SUITE 4
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 456
WINDERMERE, FL 34786 US

New Mailing Address:

6450 KINGSPONTE PKWY
SUITE 4
ORLANDO, FL 32819 US

FEI Number: 20-1826075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALM, KIMBERLY
6450 KINGSPONTE PKWY STE 4
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: MORRIS, MEGAN
Address: 6450 KINGSPONTE PKWY STE 4
City-St-Zip: ORLANDO, FL 32819 US

Title: P () Delete
Name: KALM, KIMBERLY
Address: 6450 KINGSPONTE PKWY STE 4
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: KIMBERLY KALM

P

02/06/2008

Electronic Signature of Signing Officer or Director

_____ Date