


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2007 8:00 am
Secretary of State

06-08-2007 90001 015 ***550.00

| | | | | | |
|--|---|--|---|---|---------|
| DOCUMENT # P05000105185 | | | |  | |
| 1. Entity Name MORNING LIGHT ENTERPRISES OF PALMETTO, INC. | | | | | |
| Principal Place of Business 2208 1ST AVE E PALMETTO, FL 34221 | | | Mailing Address 2208 1ST AVE E PALMETTO, FL 34221 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 4. FEI Number 55-0902421 | | | Applied For Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| DAVIS, ROY L 2208 1ST AVE E PALMETTO, FL 34221 | | | Name <u>Courtney Shannon</u> Street Address (P.O. Box Number is Not Acceptable) <u>2826 27th Ct. East</u> City <u>Palmetto</u> FL <u>34221</u> | | |
| 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 <u>Courtney Shannon</u> | | | DATE <u>6/4/07</u> | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 | | | 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 | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | DAVIS, ROY L | | NAME | <u>Roy L. Davis</u> | |
| STREET ADDRESS | 2208 1ST AVE E | | STREET ADDRESS | <u>2208 1st. Ave. East.</u> | |
| CITY-ST-ZIP | PALMETTO, FL 34221 | | CITY-ST-ZIP | <u>Palmetto Fl. 34221</u> | |
| TITLE | O/D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DAVIS, JANET L | | NAME | | |
| STREET ADDRESS | 2208 1ST AVE E | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALMETTO, FL 34221 | | CITY-ST-ZIP | | |
| TITLE | <u>Pres./Director</u> | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | <u>Davis, Janet</u> | | NAME | | |
| STREET ADDRESS | <u>2208 1st. Ave E. Palmetto Fl. 34221</u> | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <u>V/Director</u> | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | <u>Courtney Shannon</u> | | NAME | | |
| STREET ADDRESS | <u>2826 27th Ct. East</u> | | STREET ADDRESS | | |
| CITY-ST-ZIP | <u>Palmetto Fl. 34221</u> | | CITY-ST-ZIP | | |
| TITLE | <u>T/Evelyn M. Murray</u> | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | <u>1412 17th St. Cir E. Brad. Fl. 34208</u> | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <u>S Robert Lamar Corley</u> | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | <u>2214 13th Ave. East</u> | | NAME | | |
| STREET ADDRESS | <u>Palmetto Fl. 34208</u> | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <u>Janet L Davis</u> | | | Date <u>6-6-07</u> Daytime Phone # <u>(941) 723-3619</u> | | |