


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90455 046 ***158.75

DOCUMENT # P05000145514	
1. Entity Name NICHOLAS D MORROW, INC.	

Principal Place of Business 13196 BRANCHVILLE ROAD SPRING HILL, FL 34609	Mailing Address 13196 BRANCHVILLE ROAD SPRING HILL, FL 34609
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40091373



2. Principal Place of Business - No P.O. Box #	3. Mailing Address 540 Stokes Landing
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04242007 Chg-P CR2E034 (12/06)

City & State St Augustine, FL	4. FEI Number 20-3842907	Applied For <input type="checkbox"/> Not Applicable
Zip 32095	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORROW, NICHOLAS D 13196 BRANCHVILLE ROAD SPRING HILL, FL 34609	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV MORROW, NICHOLAS D 13196 BRANCHVILLE ROAD SPRING HILL, FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Nicholas D Morrow* **4/26/07** **904-315-6592**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #