


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-15-2006 90041 005 ***150.00

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DOCUMENT # P05000145945 1. Entity Name MORRIS BROTHERS, INC.																																																																							
Principal Place of Business 1648 TYNER RD HAINES CITY FL 33844 US			Mailing Address 1648 TYNER RD HAINES CITY FL 33844 US																																																																				
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 203713215				Applied For <input type="checkbox"/> 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																																																																			
MORRIS, DAVID J 1648 TYNER RD HAINES CITY FL 33844				Name																																																																			
				Street Address (P.O. Box Number is Not Acceptable)																																																																			
				City																																																																			
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP		TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP		TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP		TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP		TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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><i>David J. Morris Jr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-2506 863-439-4087 <small>Date Daytime Phone #</small>																																																																			