

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90034 023 \*\*\*150.00

<b>DOCUMENT # P06000025398</b> 1. Entity Name DONALD LEE MORRIS & ASSOCIATES, P.A.			
Principal Place of Business 6381 NW 120TH DR CORAL SPRINGS, FL 33076		Mailing Address 6381 NW 120TH DR CORAL SPRINGS, FL 33076	
2. Principal Place of Business - No P.O. Box # 6381 N.W. 120th Dr.		3. Mailing Address 6381 N.W. 120th Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33076	Country Broward	Zip 33076	Country Broward
4. FEI Number 20-4449630		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 MORRIS, DONALD L 6381 NW 120TH DR CORAL SPRINGS, FL 33076		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</b> <b>After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	DP MORRIS, DONALD L 6381 NW 120TH DR CORAL SPRINGS, FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MORRIS, MARY D 6381 NW 120TH DR CORAL SPRINGS, FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Donald L Morris</u> President Date _____ Daytime Phone _____			