

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000102760

Entity Name: MORSE MANAGEMENT SERVICES, INC.

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

19 LEGION PLACE  
DEBARY, FL 32713

**New Principal Place of Business:**

209 PLUMOSA RD  
DEBARY, FL 32713

**Current Mailing Address:**

19 LEGION PLACE  
DEBARY, FL 32713

**New Mailing Address:**

PO BOX 740603  
ORANGE CITY, FL 32774

FEI Number: 20-5403945

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORSE, ALECIA A  
19 LEGION PLACE  
DEBARY, FL 32713 US

**Name and Address of New Registered Agent:**

MORSE, ALECIA A  
209 PLUMOSA RD  
DEBARY, FL 32713 US

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

04/28/2011

Date

**OFFICERS AND DIRECTORS:**

Title: PVTs  
Name: MORSE, ALECIA  
Address: 209 PLUMOSA RD  
City-St-Zip: DEBARY, FL 32713

I hereby 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 all other like empowered.

SIGNATURE: ALECIA MORSE

PVTs

04/28/2011

Electronic Signature of Signing Officer or Director

Date