2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 01, 2007 8:00 am
Secretary of State
08-01-2007 90034 044 ***150.00

DOCUMENT # P06000105324

1. Entity Name
ANDREW R. MORRISON, INC.

Principal Place of Business	Mailing Address
316 EAST LAKE ROAD LAKE WORTH FL 33461-1810 US	316 EAST LAKE ROAD LAKE WORTH FL 33461-1810 US

2nd MOORE CR2E034 (4/07)

2. Principal Place of Business - No P O Box #	3. Mailing Address
316 EAST LAKE ROAD	316 EAST LAKE ROAD
Suite, Apt. #, etc. —	Suite, Apt #, etc. —
City & State: LAKE WORTH, FLORIDA	City & State: LAKE WORTH, FLORIDA
Zip: 33461-1810 Country: PALM BEACH	Zip: 33461-1810 Country: PALM BEACH

4. FEI Number: EIN 20-5372249 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON, ANDREW R
316 EAST LAKE ROAD
LAKE WORTH FL 33461-1810

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: [signature] ARM

Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S.607 193(2)(b), F S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☒

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MORRISON, ANDREW R		NAME		
STREET ADDRESS	316 EAST LAKE ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33461-1810		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			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: [signature] Andrew R. Morrison — 18 JULY 2007 — 561,965-4595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #