

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 316 EAST LAKE ROAD LAKE WORTH FL 33461-1810 US	Mailing Address 316 EAST LAKE ROAD LAKE WORTH FL 33461-1810 US
--	--



2. Principal Place of Business - No P.O. Box # 316 EAST LAKE ROAD	3. Mailing Address 316 EAST LAKE ROAD
Suite, Apt. #, etc. ---	Suite, Apt. #, etc. ---

2nd MOORE CR2E034 (4/07)

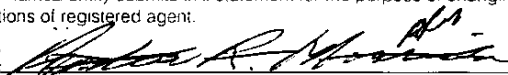
City & State LAKE WORTH, FLORIDA	City & State LAKE WORTH, FLORIDA
Zip 33461-1810	Country FLA BEACH
Zip 33461-1810	Country FLA BEACH

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	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

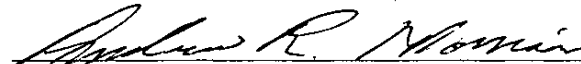
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DPST MORRISON, ANDREW R 316 EAST LAKE ROAD LAKE WORTH FL 33461-1810 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 	18 JULY 2007 561,965-9595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: _____ Daytime Phone # _____