


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90025 040 ***150.00

DOCUMENT # P06000111655

1. Entity Name
MORSE MARKET INC



Principal Place of Business Mailing Address
1000 MASSACHUSETTS AVENUE **1000 MASSACHUSETTS AVENUE**
SAINT CLOUD, FL 34769 US **SAINT CLOUD, FL 34769 US**

40012935



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01182008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-1288661 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RASHID, MOHAMMAD I
1000 MASSACHUSETTS AVENUE
SAINT CLOUD, FL 34769

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 registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASHID, MOHAMMAD I	NAME	
STREET ADDRESS	1000 MASSACHUSETTS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SAINT CLOUD, FL 34769	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASHID, MOHAMMAD R	NAME	
STREET ADDRESS	1000 MASSACHUSETTS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SAIND CLOUD, FL 34769	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASHID, SOHAIL	NAME	
STREET ADDRESS	1000 MASSACHUSETTS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SAINT CLOUD, FL 34769	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASHID, ZENAT R	NAME	
STREET ADDRESS	1000 Massachusetts Avenue	STREET ADDRESS	
CITY-ST-ZIP	Saint Cloud, FL 34769	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: M. R. M. 1-22-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #