2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 14, 2007 8:00 am Secretary of State 04-23-2007 90080 007 ***150.00

DOCUMENT # P06000118412 1. Entity Name MORGAN FISHERIES, INC.									04-23	-2007 90	080 007 *	**150.00	
Principal Place of Business 8829 NORTH MOBLEY ROAD ODESSA, FL 33555				Mailing Address 8829 NORTH MOBLEY ROAD ODESSA, FL 33556				4 10 411 541 511					
2. Principal P	ness - Na P.O. Box #	Mailing Address											
Suite, Apt.	#, etc.		Suite	Suite, Apt. #. etc.				4062007	Chg-P	CR	2E034 (12/06)	
City & State	0	,	City	& State			FEI Numb	er 793937	,	\rightarrow	Applied For Not Applicable		
Zip		Country	Zip		etry		5. Certificate of Status Desired						
	6. Name	and Address of Curren	t Registere	d Agent		Name	7.	Name and	Address of N	ew Register	ed Agent		
MORGAN, BRIAN R						Street Address (P.O. Box Number is Not Acceptable)							
8829 NORTH MOBLEY ROAD ODESSA, FL 33556							and the state of t						
					City					FL Zip Co	de		
	named entitions of regis	y submits this statement flered agent.	for the purpo	ose of changing its	registen	ed office or re	egistered a	agent, or bo	th, in the State	of Florida. 1	am familiar wit	n, and accept	
SIGNATURE_	Signature, typed	for printed name of registered ager	nt and tide el appl	cable. (NOT	E Registere	d Agont signature r	IQOUEEG WEG	n zeinstating)		DA	TE		
		FEE IS \$150.00 7 Fee will be \$550	1	Election Campa Trust Fund Cont		ncing	\$5.00 Added to	May Be o Fees					
10.		OFFICERS AND	DIRECTOR	RS	11.		-	ADDITIONS	CHANGES TO	OFFICERS A	AND DIRECTO	R\$ IN 11	
TITLE NAME	P MORGAN	I. BRIAN R	Delete	TITLI	1	,				☐ Change	☐ Addition		
STREET ADDRESS CITY-ST-ZIP	8829 N. A	MOBLEY ROAD , FL 33556			\$TRE	ET ADDRESS -SI-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-DP	8829 N. N	I, STEPHANIE L IOBLEY ROAD , FL 33556			-				Change	☐ Addition			
THILE	002000			☐ Delete	TITLE	E _					☐ Change	Addilion	
name Street adoress City-S1-ZIP						E Et adoress -si-zip							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS				☐ Dekie	TOLE						☐ Change	Addition	
CITY-S1-ZIP						-ST-ZIP							
TITLE NAME				☐ Delete	TITLE	٤					☐ Change	noitibbA 🔲	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP						j	
12. I hereby of indicated of the cor changed,	certify that the lon this report poration or to or on an alt	te information supplied wi of or supplemental report ha receiver or trustee em achment with an addless	th this filing is true and a powered to a with all other	does not qualify to accurate and that re execute this report or like expowered	or the exi nu lignal as requi	emptions cont ture shall have red by Chapte	tained in 6 e the sam er 607, Flo	Chapter 115 e legal effec orida Statute	D. Florida Statut et as il made un es; and that my	es. I further der oath; that hame appea	certify that the at I am an office ars in Block 10	information ir or director or Block 11 if	
SIGNAT	URE: _	SIGNATURE AND THEED OR	PRINTED HAY	E py Ganing OFFICE	OR DINECT	TOR			5/7/0	7_0	Daytime Prione #	10-8176	
			-	-/-						-			