

# 2008 FOR PROFIT CORPORATION "ANNUAL REPORT (AR)"

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90036 015 \*\*\*150.00

**DOCUMENT # P07000096075**

1. Entity Name

**MORGAN TREE HOUSE, INC.**



Principal Place of Business

**1348 NE 188 AVE  
OLD TOWN FL 32680**

Mailing Address

**PO BOX 1664  
OLD TOWN FL 32680**

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

**1350 NE 188 Ave**

3. Mailing Address

**PO Box 1664**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Old Town FL**

City & State

**Old Town FL**

Zip

**32680**

Country

**USA**

Zip

**32680**

Country

**USA**

4. FEI Number

**26-0799913**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MORGAN, CHERYL A  
1348 NE 188 AVE  
OLD TOWN FL 32680**

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

*Cheryl Morgan*

Signature, typed name, title, and address of registered agent (if applicable)

(NOTE: Registered Agent signature required when re-registering)

**4/1/08**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MORGAN, CHERYL A**  
STREET ADDRESS **1348 NE 188 AVE**  
CITY-ST-ZIP **OLD TOWN FL 32680**

TITLE **VP** ☐ Delete  
NAME **MORGAN, TERRY L**  
STREET ADDRESS **1348 NE 188 AVE**  
CITY-ST-ZIP **OLD TOWN FL 32680**

TITLE **TR** ☐ Delete  
NAME **ROSENBERG, MELISSA M**  
STREET ADDRESS **1306 NE 642 ST**  
CITY-ST-ZIP **OLD TOWN FL 32680**

TITLE **S** ☐ Delete  
NAME **SCHRIMSHER, CANDACE A**  
STREET ADDRESS **1529 SE 51 ST**  
CITY-ST-ZIP **GAINESVILLE FL 32641**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/1/08 352 356 3088**