2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P08000067271

Entity Name: L.S. & ELIZABETH MORRISON MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

109 N. BRUSH ST.
SUITE 400
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3298
TAMPA, FL 33601 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MORRISON, ROBERT B JR.
109 N. BRUSH ST.
SUITE 400
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MORRISON, ROBERT B SR.	
Address:	3613 LINDELL AVE.	
City-St-Zip:	TAMPA, FL 33610 US	
Title:	D	( ) Delete
Name:	KNOX, JULIETTE	
Address:	5328 CRISP CT.	
City-St-Zip:	SAN DIEGO, CA 92117 US	
Title:	D	( ) Delete
Name:	WATKINS, GWENDOLYN	
Address:	2224 DUNSMUIR AVE.	
City-St-Zip:	LOS ANGELES, CA 90016 US	
Title:	D	( ) Delete
Name:	SIMMONS, ELEANOR	
Address:	P.O. BOX 70	
City-St-Zip:	FERNANDINA BEACH, FL 32034 US	
Title:	D	( ) Delete
Name:	MORGAN, JUDY	
Address:	19911 SUNSET DRIVE	
City-St-Zip:	WARRENSVILLE HEIGHTS, OH 44122 US	
Title:	D	( ) Delete
Name:	JOHNSON, MATTIE	
Address:	19911 SUNSET DRIVE	
City-St-Zip:	WARRENSVILLE HEIGHTS, OH 44122 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT B. MORRISON, SR. P 04/29/2009

Electronic Signature of Signing Officer or Director — Date