

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000046834

FILED  
Mar 01, 2010  
Secretary of State

**Entity Name:** REGINALD A. MORRIS, C.P.A., P.A.

**Current Principal Place of Business:**

12920 BEAUTYBERRY CIRCLE SOUTH  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

4651 SALISBURY ROAD  
SUITE 426  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

12920 BEAUTYBERRY CIRCLE SOUTH  
JACKSONVILLE, FL 32246

**New Mailing Address:**

4651 SALISBURY ROAD  
SUITE 426  
JACKSONVILLE, FL 32256

**FEI Number:** 27-0285737

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GLAZIER & GLAZIER, P.A.  
8825 PERIMETER PARK BLVD  
SUITE 504  
JACKSONVILLE, FL 32216 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:** PTD  
**Name:** MORRIS, REGINALD A  
**Address:** 12920 BEAUTYBERRY CIRCLE SOUTH  
**City-St-Zip:** JACKSONVILLE, FL 32246

**Title:** SD  
**Name:** MORRIS, PAMELA K  
**Address:** 12920 BEAUTYBERRY CIRCLE SOUTH  
**City-St-Zip:** JACKSONVILLE, FL 32246

I hereby 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 all other like empowered.

**SIGNATURE:** REGINALD A. MORRIS

PTD

03/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date