

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P92000008527

1. Entity Name
THE MORRIS FUTERNICK COMPANY



Principal Place of Business
**% MORRIS FUTERNICK
2 GROVE ISLE DR., #1509
MIAMI, FL 33133**

Mailing Address
**% MORRIS FUTERNICK
2 GROVE ISLE DR., #1509
MIAMI, FL 33133**

FILED
Apr 25, 2007 08:00 A
Secretary of State



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0374849

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FUTERNICK, MORRIS
2 GROVE ISLE DR.
#1509
MIAMI, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
FUTERNICK, MORRIS
2 GROVE ISLE DR 1509
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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U000000731479
05/09/07-80006-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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 the 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

4/6/07

Date

305-685-0325

Daytime Phone #