

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN 20 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000024590

1. Entity Name
MORGAN & GIBSON CORPORATION



Principal Place of Business
345 HARBOR LANE
KEY BISCAINE, FL 33149

Mailing Address
345 HARBOR LANE
KEY BISCAINE, FL 33149 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0410001

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALA, A. ROSEMARY PA
328 CRANDON BLVD., SUITE 202
KEY BISCAINE, FL 33149

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME JUARA, ELISA ☐ Delete
STREET ADDRESS 345 HARBOR LANE
CITY-ST-ZIP KEY BISCAINE, FL 33149

TITLE PD
NAME TORANO, MARIA ☐ Delete
STREET ADDRESS 345 HARBOR LN
CITY-ST-ZIP KEY BISCAINE, FL 33149

TITLE VPD
NAME TORANO, RAUL ☐ Delete
STREET ADDRESS 345 HARBOR LN
CITY-ST-ZIP KEY BISCAINE, FL 33149

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 600027771306
STREET ADDRESS 01/29/04--01030--019 **150.00
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(i), 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: see attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



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Business Entity Name

MORGAN & GIBSON CORPORATION

FEI Number

650410001

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

345 HARBOR LANE

Suite, Apt. #, etc.

City, State

KEY BISCAYNE

FL

Zip Code & Country

33149

Mailing Address

Address

345 HARBOR LANE

Suite, Apt. #, etc.

City, State

KEY BISCAYNE

FL

Zip Code & Country

33149

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

SALA

A. ROSEMARY

PA

-or- RA Business Name

Address

328 CRANDON BLVD., SUITE 202

Suite, Apt. #, etc.

City, State

KEY BISCAYNE

FL

Zip Code & Country

33149

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

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Business Entity Name

MORGAN & GIBSON CORPORATION

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address

4064

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

VP

RAUL TORANO

Continue

Reset

Start Over

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