2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an atta

SIGNATURE:

## Mar 02, 2005 08:00 AM DOCUMENT # P94000022899 **Secretary of State** 1. Entity Name MORRIS FRAMING, INC. Mailing Address Principal Place of Business 4637 HOMESTEAD RD 4637 HOMESTEAD RD JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 65-0478052 Not Applicable ΖĬρ Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ≟ Name MORRIS, DONALD C Street Address (P.O. Box Number is Not Acceptable) 4637 HOMESTEAD RD JACKSONVILLE FL 32210 Zip Code F١ City 5. The above named entity submits this statement for the purpose of changing its registered office of 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 DATE INOTE Registered Agent signature required when leinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE TITLE D Defete U00000248470 03/02/05-80030-011 150.00 MORRIS, DONALD C NAME NAME STREET ADDRESS STREET ADDRESS 4637 HOMESTEAD RD CiTY-ST-7IP JACKSONVILLE FL 32210 CITY - ST - ZIP ☐ Change ☐ Addition mr TITLE ☐ Delete NAME NEWSOME, KEVIN M NAME 2417 HIRSH AVE STREET ADDRESS SURFEL ADDRESS JACKSONVILLE FL 32216 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition тить TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition | TITLE NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST - ZIP TITLE Change ☐ Addition IIILE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-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)(1), 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

FILED