

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000031032

Entity Name: MORRISON DFW, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

C/O MORRISON PROPERTIES
243 NE 5TH AVE
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

C/O MORRISON PROPERTIES
243 NE 5TH AVE
DELRAY BEACH, FL 33444 US

New Mailing Address:

FEI Number: 65-0496590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, R SCOTT JR
MORRISON ASSOCIATE MANAGEMENT SERVICES
243 NW 5TH AVE
DELRAY BEACH, FL 33483 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: D () Delete
Name: MORRISON, KIMBERLY F
Address: 13350 DALLAS PARKWAY #2345
City-St-Zip: DALLAS, TX 75240

Title: D () Delete
Name: MORRISON, R S
Address: 243 NE 5TH AVE
City-St-Zip: DELRAY BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: KIMBERLY F. MORRISON

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date