

FILED
Jul 27, 2004 8:00 am
Secretary of State

07-27-2004 90035 012 ***158.75

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000038946

1. Entity Name
MORRIS REALTY GROUP, INC.



Principal Place of Business

**99 SE MIZNER BLVD
SUITE 120
DELRAY BEACH, FL 33432 US**

Mailing Address

**99 SE MIZNER BLVD
SUITE 120
DELRAY BEACH, FL 33432 US**

54064939



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0510733

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MORRIS, ELAINE H
1046 MELALEUCA ROAD
DELRAY BEACH, FL 33483**

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MORRIS, SCOTT W
STREET ADDRESS	002 NW 4TH AVENUE 920 Hibiscus Lane
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	TD
NAME	HARTMAN, TERI A
STREET ADDRESS	272 BRIGHTON RD
CITY-ST-ZIP	ATLANTA, GA
TITLE	VD
NAME	MORRIS, MATTHEW C
STREET ADDRESS	121 12TH STREET
CITY-ST-ZIP	MANHATTAN BEACH, CA 90266
TITLE	PD
NAME	MORRIS, ELAINE H
STREET ADDRESS	1046 MELALEUCA RD
CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

** Please note Changes correctly*