

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P94000061005

1. Entity Name

FRANK MORFIS INC.



**FILED  
Feb 06, 2008 8:00 am  
Secretary of State**

02-06-2008 90036 002 \*\*\*150.00



1st MOORE CR2E034 (10/07)

Principal Place of Business		Mailing Address	
1220 SE 16TH TER CAPE CORAL FL 33990		1220 SE 16TH TER CAPE CORAL FL 33990	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
<b>MORFIS, FRANK</b> <b>1220 SE 16TH TER</b> <b>CAPE CORAL FL 33990</b>			
7. Name and Address of New Registered Agent			
Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 remitting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MORFIS, FRANK 1220 SE 16 TERR CAPE CORAL FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MORFIS, GAIL 1220 SE 16 TERR CAPE CORAL FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

Frank Morfis

1-30-08 (239) 574-6787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #