

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-11-2005 90119 003 ***150.00
P94000066559

FILED

05 AUG -3 AM 9: 06

TALLAHASSEE, FLORIDA



06232005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3283654** Applied For
Not Applicable

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

DOCUMENT # P94000066559

1. Entity Name
MORSTOR, INC.



Principal Place of Business
**11505 GIBALTAR PL
TAMPA, FL 33617 US**

Mailing Address
**11505 GIBALTAR PLACE
TAMPA, FL 33617 US**

2. Principal Place of Business
6335 Cocoa Lane

3. Mailing Address
Same as above

Suite, Apt. #, etc.

City & State
Apollo Beach, FL 33572

City & State

Zip
33572 Country
USA

6. Name and Address of Current Registered Agent

**MORRIS, GARY C
11505 GIBALTAR PL
TAMPA, FL 33617**

7. Name and Address of New Registered Agent

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 *Gary C. Morris*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MORRIS, GARY C 11505 GIBALTAR PLACE TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MORRIS, MARCIA J 11505 GIBALTAR PLACE TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Gary C. Morris*