


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000007026	
1. Entity Name MORGAN CONSTRUCTORS OF TAMPA BAY, INC.	

Principal Place of Business 28424 OPENFIELD LOOP WESLEY CHAPEL FL 33543	Mailing Address 28424 OPENFIELD LOOP WESLEY CHAPEL FL 33543
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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

1st MOORE	CR2E034 (10/07)
4. FEI Number 59-3290457	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent MORGAN, DALE 28424 OPENFIELD LOOP WESLEY CHAPEL FL 33543	
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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 _____ DATE _____

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when re-registering)

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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, HAROLD D 28424 OPENFIELD LOOP WESLEY CHAPEL FL 33543-5757	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000906252 05/02/08-80015-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORGAN, MARY JEAN 28424 OPENFIELD LOOP WESLEY CHAPEL FL 33543-5757	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 this 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harold D. Morgan **HAROLD D. MORGAN 4/15/08 813 933-6768**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR