

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

04-15-2008 90015 042 ***150.00

DOCUMENT # P95000035775 1. Entity Name KIRBY D. MORGAN, INC.																																	
Principal Place of Business 164 SE PEARL TER LAKE CITY FL 32025			Mailing Address 164 SE PEARL TER LAKE CITY FL 32025 US																														
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																														
City & State			City & State																														
Zip		Country		Zip																													
Country		Country		4. FEI Number 59-3315953																													
5. Certificate of Status Desired ☐				Applied For Not Applicable																													
6. Name and Address of Current Registered Agent MORGAN, KIRBY D 276 SE WILLOW DR LAKE CITY FL 32025				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 <u>Kirby D. Morgan</u> (NOTE: Registered Agent signature required when nonstatutory) 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">Delete</td> </tr> <tr> <td>NAME</td> <td>MORGAN, KIRBY D</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>276 SE WILLOW DR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>LAKE CITY FL 32025</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	MORGAN, KIRBY D	☐	STREET ADDRESS	276 SE WILLOW DR		CITY- ST- ZIP	LAKE CITY FL 32025		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">Change</td> <td style="width: 30%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>☐</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	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 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: <u>Kirby D. Morgan</u> 5-1-08 <u>Pres.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	