


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2006 8:00 am
Secretary of State

07-20-2006 90001 032 ***550.00

DOCUMENT # P96000090620		
1. Entity Name DON MORGAN & ASSOCIATES, P.A.		

Principal Place of Business 1500 ROYAL PALM SQUARE BLVD. SUITE 101 FORT MYERS, FL 33919 US	Mailing Address 1500 ROYAL PALM SQUARE BLVD. SUITE 101 FORT MYERS, FL 33919 US
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2. Principal Place of Business 2235 FIRST ST.	3. Mailing Address P.O. Box 1668
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Suite, Apt. #, etc. #104	Suite, Apt. #, etc.
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City & State FT. MYERS FL	City & State FT. MYERS FL
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Zip 33901	Country USA	Zip 33902	Country USA
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01102006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0703350	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORGAN, DON E 1500 ROYAL PALM SQUARE BLVD., SUITE 101 FORT MYERS, FL 33919	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2235 FIRST ST. #104 City FT. MYERS FL Zip Code 33901
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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	PD MORGAN, DON E 1500 ROYAL PALM SQUARE BLVD., SUITE 101 FORT MYERS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	2235 FIRST ST. #104 FT. MYERS FL 33901 <input checked="" 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
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 Chapter 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: DON E. MORGAN 1-10-06 239-340-5138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #