

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P97000000532

1. Entity Name  
 THERESA ANN MORRIS, P.A.



Principal Place of Business  
 9800 US HWY 441  
 STE 101  
 LEESBURG, FL 34788

Mailing Address  
 3316 INDIAN TRAIL  
 EUSTIS, FL 32726



04272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3417038 Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

MORRIS, THERESA ANN  
 3316 INDIAN TRAIL  
 EUSTIS, FL 32726

**DO NOT WRITE IN THIS SPACE**

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 signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MORRIS, THERESA ANN
STREET ADDRESS	3316 INDIAN TRAIL
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	VP
NAME	MORRIS, ROBERT L
STREET ADDRESS	3316 INDIAN TRAIL
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000760461  
 05/25/07-80011-022 150.00

**DO NOT WRITE IN THIS SPACE**

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: Robert L. Morris Jr. 4/30/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #