


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
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**

DO NOT WRITE IN THIS SPACE



03132008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3417038	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MORRIS, THERESA ANN
 3316 INDIAN TRAIL
 EUSTIS, FL 32726**

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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 _____ 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, 2008 Fee will be \$550.00**

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

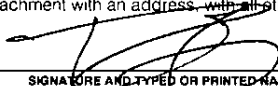
10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

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 03/28/08-80032-025-150:00

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** **3/13/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Inn Phone #