

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90071 038 ***150.00

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|---|--|---|---|--|--|
| DOCUMENT # P97000000737 1. Entity Name WINSTON C. MORRIS, D.M.D., P.A. | | | | | |
| Principal Place of Business 47470 CLEVELAND HEIGHTS BLVD LAKELAND, FL 33813 | | | Mailing Address 4740 CLEVELAND HEIGHTS BLVD LAKELAND, FL 33813 | | |
| 2. Principal Place of Business 831 LAKE EVALYN DR. Suite, Apt. #, etc. | | 3. Mailing Address 831 LAKE EVALYN DR. Suite, Apt. #, etc. | | | |
| City & State Celebration, FL. | | City & State Celebration, FL. | | 4. FEI Number 59-3418022 | |
| Zip 34747 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MORRIS, WINSTON C 4740 CLEVELAND HGTS. BLVD. LAKELAND, FL 33813 | | | | 7. Name and Address of New Registered Agent Name MORRIS, WINSTON C. Street Address (P.O. Box Number is Not Acceptable) 831 LAKE EVALYN DR. City Celebration FL Zip Code 34747 | |
| 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>Winston C. Morris</u> DATE <u>4/13/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS MORRIS, ELIZABETH 4740 CLEVELAND HGTS. BLVD. LAKELAND, FL | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS MORRIS, ELIZABETH 831 LAKE EVALYN DR. CELEBRATION, FL. 34747 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PV MORRIS, WINSTON 4740 CLEVELAND HEIGHTS BLVD LAKELAND, FL 33813 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PV MORRIS, WINSTON 831 LAKE EVALYN DR. CELEBRATION, FL. 34747 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | 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 exemption stated in Section 119.07(3)(i), 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>Winston C. Morris / WINSTON C. MORRIS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date <u>4/13/05</u> Daytime Phone # <u>(407) 566-9264</u> | |