

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000000737

FILED
Feb 26, 2008
Secretary of State

Entity Name: WINSTON C. MORRIS, D.M.D., P.A.

Current Principal Place of Business:

831 LAKE EVALYN DR
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

831 LAKE EVALYN DR
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 59-3418022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, WINSTON C
831 LAKE EVALYN DR
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TS () Delete
Name: MORRIS, ELIZABETH
Address: 831 LAKE EVALYN DR
City-St-Zip: CELEBRATION, FL 34747

Title: PV () Delete
Name: MORRIS, WINSTON
Address: 831 LAKE EVALYN DR
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WINSTON MORRIS

PV

02/26/2008

Electronic Signature of Signing Officer or Director

_____ Date