2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State
04-24-2008 90107 020 ***150.00

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1. Entity Name
MORRIS ENTERPRISES, INC. OF SOUTHWEST FLORIDA

Principal Place of Business
1149 NW 27TH COURT
CAPE CORAL, FL 33993 US

Mailing Address
C/O ROBERT D. ROYSTON, JR.
12670 NEW BRITTANY BLVD
FORT MYERS, FL 33907

01082008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		C/O JOHN M. WICKER, P.A.	
Suite, Apt. #, etc		Suite, Apt. #, etc. P.O. DRAWER 60205	
		FORT MYERS, FL 33906	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 65-0738949 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROYSTON, ROBERT D JR
12670 NEW BRITTANY BLVD
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name: JOHN M. WICKER, P.A.
Street: 12670 NEW BRITTANY BLVD., STE 101
FORT MYERS, FL 33907
City, Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MORRIS, JON PAUL (JP) 1149 NW 27TH COURT CAPE CORAL, FL 33993	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MORRIS, JON PAUL (JP) 3006 NE 4TH PL CAPE CORAL, FL 33909	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: JP MORRIS, PRESIDENT 3/31/08 (239) 671-2825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #