

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000053203

1. Entity Name
ROBERT C. MORRIS, INC.



Principal Place of Business
6421 GOLDFINCH STREET
SARASOTA, FL 34241

Mailing Address
6421 GOLDFINCH STREET
SARASOTA, FL 34241



02182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0765819

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MORRIS, ROBERT C
6421 GOLDFINCH STREET
SARASOTA, FL 34241

**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 _____
Signature: typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After May 1, 2006 Fee will be \$550.00

Trust Fund Contribution.

☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MORRIS, ROBERT C
6421 GOLDFINCH STREET
SARASOTA, FL 34241

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MORRIS, ZOE R.
6421 GOLDFINCH ST
SARASOTA, FL 34241

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/13/06-80067-007 150.00

**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 C MORRIS / Robert C Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 3-28-06

Date

1-941-
809-1780

Daytime Phone #