

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000053203

Entity Name: ROBERT C. MORRIS, INC.

FILED  
Sep 02, 2009  
Secretary of State

## Current Principal Place of Business:

6421 GOLDFINCH STREET  
SARASOTA, FL 34241

## New Principal Place of Business:

6421 GOLDFINCH STREET  
SARASOTA, FL 34241 US

## Current Mailing Address:

6421 GOLDFINCH STREET  
SARASOTA, FL 34241

## New Mailing Address:

FEI Number: 65-0765819

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORRIS, ROBERT C  
6421 GOLDFINCH STREET  
SARASOTA, FL 34241 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: MORRIS, ROBERT C  
Address: 6421 GOLDFINCH STREET  
City-St-Zip: SARASOTA, FL 34241

Title: VP ( ) Delete  
Name: MORRIS, ZOE R.  
Address: 6421 GOLDFINCH ST  
City-St-Zip: SARASOTA, FL 34241

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: MORRIS, ROBERT C  
Address: 6421 GOLDFINCH STREET  
City-St-Zip: SARASOTA, FL 34241

Title: VPT (X) Change ( ) Addition  
Name: MORRIS, ZOE R  
Address: 6421 GOLDFINCH ST  
City-St-Zip: SARASOTA, FL 34241

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: ROBERT C MORRIS

PSD

09/02/2009

Electronic Signature of Signing Officer or Director

Date