2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000095651

Entity Name: MORGAN ASSET MANAGEMENT COMPANY, INC.

FILED Mar 19, 2005 Secretary of State

Current Pr	incipal Place of Business:	New Princ	ipal Place of Business:	
10500 ULMERTON ROAD SUITE 726-303 LARGO, FL 33771 US				
Current Mailing Address:		New Mailing Address:		
10500 ULMERTON ROAD SUITE 726-303 LARGO, FL 33771 US				
FEI Number:	59-3477816 FEI Number Applied For () FEI Nu	mber Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
MORGAN, DEBORA D 10500 ULMERTON ROAD SUITE 726-303 LARGO, FL 33771 US		CONKLIN, DEBORA M 10500 ULMERTON ROAD SUITE 726-303 LARGO, FL 33771 US		
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.				
SIGNATUR	E: DEBORA M. CONKLIN		03/19/2005	
	Electronic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS: ADDITIO			S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title: Name: Address:	PST () Delete MORGAN, DEBORA D PST 10500 ULMERTON ROAD, SUITE 726-303 LARGO, FL 33771 US VP () Delete MORGAN, CHARLENE A VP 10500 ULMERTON ROAD, SUITE 726-303	Title: Name: Address: City-St-Zip: Title: Name: Address:	PST (X) Change () Addition CONKLIN, DEBORA M PST 10500 ULMERTON ROAD, SUITE 726-303 LARGO, FL 33771 US VP (X) Change () Addition CONKLIN, JAMES H VP 10500 ULMERTON ROAD, SUITE 726-303	
City-St-Zip:	LARGO, FL 33771 US	City-St-Zip:	LARGO, FL 33771 US	
Title: Name: Address: City-St-Zip:	N/A () Delete N/A, N/A N/A N/A, N/ N/A	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition MORGAN, CHARLENE A VP 10500 ULMERTON ROAD, SUITE 726-303 LARGO, FL 33771	
Title: Name: Address: City-St-Zip:	N/A () Delete N/A, N/A N/A N/A, N/ N/A	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	N/A () Delete N/A, N/A N/A N/A, N/ N/A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	N/A () Delete N/A, N/A N/A N/A, N/ N/A	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEBORA M CONKLIN P 03/19/2005