

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000095651

FILED
Apr 30, 2008
Secretary of State

Entity Name: MORGAN ASSET MANAGEMENT COMPANY, INC.

Current Principal Place of Business:

2225 NURSERY RD
APT 3-203
CLEARWATER, FL 33764 US

New Principal Place of Business:

2230 NURSERY RD
APT A1
CLEARWATER, FL 33764 US

Current Mailing Address:

2225 NURSERY RD
APT 3-203
CLEARWATER, FL 33764 US

New Mailing Address:

2230 NURSERY RD
APT A1
CLEARWATER, FL 33764 US

FEI Number: 59-3477816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, CHARLENE A VP
2225 NURSERY RD
APT 3-203
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

MORGAN, CHARLENE A VP
2230 NURSERY RD
APT A1
CLEARWATER, FL 33764 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.

SIGNATURE: CHARLENE MORGAN

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: CONKLIN, DEBORA M PST
Address: 2225 NURSERY RD, APT 3-203
City-St-Zip: CLEARWATER, FL 33764 US

Title: VP () Delete
Name: MORGAN, CHARLENE A VP
Address: 2225 NURSERY RD, APT 3-203
City-St-Zip: CLEARWATER, FL 33764 US

Title: N/A () Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N/ N/A

Title: N/A () Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N/ N/A

Title: N/A () Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N/ N/A

Title: N/A () Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N/ N/A

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: CONKLIN, DEBORA M PST
Address: 2230 NURSERY RD, APT A1
City-St-Zip: CLEARWATER, FL 33764 US

Title: VP (X) Change () Addition
Name: MORGAN, CHARLENE A VP
Address: 2230 NURSERY RD, APT A1
City-St-Zip: CLEARWATER, FL 33764 US

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

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

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: DEBORA CONKLIN

PST

04/30/2008

Electronic Signature of Signing Officer or Director

Date