2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000095651

Entity Name: MORGAN ASSET MANAGEMENT COMPANY, INC.

FILED Apr 28, 2003 Secretary of State

Current Pr	incipal Place of Business:	New Principal Place of Business:
10660 75 S SUITE A LARGO, FL		10500 ULMERTON ROAD SUITE 726-303 LARGO, FL 33771 US
Current Mailing Address: New Mailing Address:		
10500 ULM SUITE 726- LARGO, FL		
FEI Number:	59-3477816 FEI Number Applied For () FEI Nu	mber Not Applicable () 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		
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
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PST () Delete MORGAN, DEBORA D PST 10500 ULMERTON ROAD, SUITE 726-303 LARGO, FL 33771 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP () Delete MORGAN, CHARLENE A VP 10500 ULMERTON ROAD, SUITE 726-303 LARGO, FL 33771 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	N/A () Delete N/A, N/A N/A N/A, N/ N/A	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	N/A () Delete N/A, N/A N/A N/A, N/ N/A	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	N/A () Delete N/A, N/A N/A N/A, N/ N/A	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	N/A () Delete N/A, N/A N/A N/A, N/ N/A	Title: () Change () Addition Name: Address: City-St-Zip:
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 D. MORGAN PST 04/28/2003