


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2004 08:00 AM
Secretary of State**

DOCUMENT # P97000109199 1. Entity Name WILLIAM R. MORROW, D. MIN., LMFT, P.A.	
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Principal Place of Business 1325 SE 47TH STREET CAPE CORAL, FL 33904	Mailing Address 1325 SE 47TH STREET CAPE CORAL, FL 33904
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01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0802302	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORROW, WILLIAM R 1325 SE 47TH STREET CAPE CORAL, FL 33904	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when relocating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORROW, WILLIAM R 1325 SE 47TH STREET CAPE CORAL, FL 33904
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William R. Morrow Date: Jan 22, 04 Daytime Phone #: 2395492232

William R. Morrow, president