

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90034 007 ***150.00

DOCUMENT # P98000006212

1. Entity Name

MORRIS TIMBER ENTERPRISES, INC.



Principal Place of Business

**4475 HWY 77
GRACEVILLE FL 32440**

Mailing Address

**4475 HWY 77 SOUTH
GRACEVILLE FL 32440**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3487810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORRIS, BRENDA
4475 HWY 77 SOUTH
GRACEVILLE FL 32440**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Brenda Morris **Brenda Morris, PTD**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MORRIS, BRENDA	
STREET ADDRESS	4475 HWY 77 SOUTH	
CITY-ST-ZIP	GRACEVILLE FL 32440	

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, RICHARD L	
STREET ADDRESS	4475 HWY 77 SOUTH	
CITY-ST-ZIP	GRACEVILLE FL 32440	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, RUSSELL W	
STREET ADDRESS	885 DANFOD BAY RD.	
CITY-ST-ZIP	GRACEVILLE FL 32440	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/T/D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morris, Brenda	
STREET ADDRESS	4475 Hwy. 77 S.	
CITY-ST-ZIP	Graceville, FL 32440	

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James G. Morris	
STREET ADDRESS	2849 Merritts Mill Rd.	
CITY-ST-ZIP	Marianna, FL 32446	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morris, Randall B.	
STREET ADDRESS	4475 Hwy. 77 South	
CITY-ST-ZIP	Graceville, FL 32440	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Brenda Morris **Brenda Morris, PTD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/04

Daytime Phone #

(850) 263-0947