

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000006212

FILED
Apr 29, 2008
Secretary of State

Entity Name: MORRIS TIMBER ENTERPRISES, INC.

Current Principal Place of Business:

4475 HWY 77
GRACEVILLE, FL 32440

New Principal Place of Business:

4475 HWY 77 SOUTH
GRACEVILLE, FL 32440

Current Mailing Address:

4475 HWY 77 SOUTH
GRACEVILLE, FL 32440

New Mailing Address:

FEI Number: 59-3487810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: C () Delete
Name: MORRIS, RUSSELL W
Address: 4475 HWY 77 SOUTH
City-St-Zip: GRACEVILLE, FL 32440

Title: PTD () Delete
Name: MORRIS, BRENDA
Address: 4475 HWY 77
City-St-Zip: GRACEVILLE, FL 32440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PTDV (X) Change () Addition
Name: MORRIS, BRENDA
Address: 4475 HWY 77
City-St-Zip: GRACEVILLE, FL 32440

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: BRENDA MORRIS

PTD

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date