

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000022664	
1. Entity Name MENMOR CONSULTANTS, INC.	
Principal Place of Business 10849 NW 23 COURT SUNRISE, FL 33322-2503	Mailing Address 10849 NW 23 COURT SUNRISE, FL 33322-2503



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0828165	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent MORRIS, JAMES E 10849 NW 23 COURT SUNRISE, FL 33322-2503
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IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE PS	MORRIS, DORA M
NAME MORRIS, DORA M	10849 NW 23 COURT
STREET ADDRESS 10849 NW 23 COURT	SUNRISE, FL 333222503
CITY-ST-ZIP SUNRISE, FL 333222503	
TITLE VSD	MORRIS, JAMES E
NAME MORRIS, JAMES E	10849 NW 23 COURT
STREET ADDRESS 10849 NW 23 COURT	SUNRISE, FL 333222503
CITY-ST-ZIP SUNRISE, FL 333222503	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/07-80018-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James E Morris **JAMES E. MORRIS** 01/17/2007 954.742.4560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #