

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90251 021 ***150.00

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1. Entity Name

**MORRELL CONSTRUCTION COMPANY OF NORTHWEST
FLORIDA**



Principal Place of Business

**3003 CHANEE RD
MOLINO FL 32577**

Mailing Address

**3003 CHANEE RD
MOLINO FL 32577**

64056700



MOORE CR2E034 (11/03)

2. Principal Place of Business

3003 Chance Rd

Suite, Apt. #, etc.

3. Mailing Address

3003 Chance Rd

Suite, Apt. #, etc.

City & State

Molino, FL

City & State

Molino, FL

4. FEI Number

59-3532283

Applied For

Not Applicable

Zip

32577

Country

USA

Zip

32577

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MORRELL, JERRY R
9221 WINDSONG LN
PENSACOLA FL 32534**

wrong

7. Name and Address of New Registered Agent

Name **Jerry R Morrell, Jr.**

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

3003 Chance Rd

City **Molino**

FL

Zip Code

32577

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

Jerry Morrell

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

(NOTE: Registered Agent signature required when reinstating)

2-19-04

DATE

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 ☐ Delete

NAME **MORRELL, JERRY R JR.**
STREET ADDRESS **9221 WINDSONG LANE**
CITY-ST-ZIP **PENSACOLA FL 32534**

**3003 Chance Rd
Molino, FL 32577**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Jerry Morrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-04

Date

(850) 471-1195

Daytime Phone #