


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

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

04-23-2004 90251 021 \*\*\*150.00

**DOCUMENT # P98000074685**  
 1. Entity Name  
**MORRELL CONSTRUCTION COMPANY OF NORTHWEST FLORIDA**



Principal Place of Business Mailing Address  
**3003 CHANEE RD** **3003 CHANEE RD**  
**MOLINO FL 32577** **MOLINO FL 32577**

64056700



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address  
**3003 Chance Rd** **3003 Chance Rd**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Molino, FL** **Molino, FL**

4. FEI Number **59-3532283**  
 Applied For  
 Not Applicable

Zip Country Zip Country  
**32577 USA** **32577 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 R Morrell, Jr.* DATE **2-19-04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P <input type="checkbox"/> Delete
NAME	<b>MORRELL, JERRY R JR.</b>
STREET ADDRESS	<b>9221 WINDSONG LANE</b> <i>3003 Chance Rd</i>
CITY-ST-ZIP	<b>PENSACOLA FL 32534</b> <i>Molino, FL 32577</i>
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: *Jerry R Morrell, Jr.* DATE **2-19-04** (850) 471-1195  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #