

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

15

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90025 014 ***158.75

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1. Entity Name

MORGAN EQUITY INVESTORS, INC.



Principal Place of Business

2021 SUNNYDALE BOULEVARD
CLEARWATER, FL 33765

Mailing Address

2021 SUNNYDALE BOULEVARD
CLEARWATER, FL 33765

DO NOT WRITE IN THIS SPACE



01152008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3546300

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THORN, W. THOMPSON III
100 S. ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602

**DO NOT WRITE
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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORGAN, LARRY C
STREET ADDRESS	2021 SUNNYDALE BOULEVARD
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	CEOP
NAME	WATTERSON, STUART
STREET ADDRESS	2021 SUNNYDALE BLVD.
CITY-ST-ZIP	CLEARWATER, FL 33765
TITLE	D
NAME	MAGEE, LARRY
STREET ADDRESS	333 EAST LAKE STREET
CITY-ST-ZIP	BLOOMINGDALE, IL 60108
TITLE	VPTD
NAME	REEDY, TERRY
STREET ADDRESS	333 EAST LAKE STREET
CITY-ST-ZIP	BLOOMINGDALE, IL 60108
TITLE	ASD
NAME	THORN, W. THOMPSON III
STREET ADDRESS	100 S. ASHLEY DRIVE, SUITE 1500
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	EVSO
NAME	HOSKINS, MATT
STREET ADDRESS	2021 SUNNYDALE BLVD.
CITY-ST-ZIP	CLEARWATER, FL 33765

**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:

Stuart Watterson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. 22.08.

727-441-3727.

Date

Daytime Phone #