2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000019656

1. *Entity Name*
MOREWING LAND CORPORATION

Principal Place of Business	Mailing Address
1690 US 1 SOUTH, STE. E ST. AUGUSTINE, FL 32084	1690 US 1 SOUTH, STE. E ST. AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

07062004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3625002	Not Applicable

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

6. Name and Address of Current Registered Agent

BOLES, JOSEPH L JR.
19 RIBERIA ST.
ST. AUGUSTINE, FL 32084

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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 **Due by September 8, 2004**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	ASSELTA, JAMES J
STREET ADDRESS	1690 US 1 SOUTH, STE. E
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084

U000000164620
07/08/04-80016-005 150.00

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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: _____ *James J Asselta* _____ 7/7/04 _____ 904-824-0103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #