2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered.

Kevm

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Morrison

Mar 17, 2005 08:00 AM Secretary of State DOCUMENT # P99000044454 1. Entity Name MORRISON APPRAISAL, INC. Principal Place of Business Mailing Address **6113 B CLARK CENTER AVE** P.O. BOX 25595 SARASOTA, FL 34277-2595 US SARASOTA, FL 34238 US 03082005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE1 Number 65-0920098 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORRISON, KEVIN DO NOT WRITE 6113 B CLARK CENTER AVE SARASOTA, FL 34238 IN THIS SPACE 3. 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 SIGNATURE. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PSTD** TITLE MORRISON, KEVIN R NAME 7045 WESTWOOD DRIVE STREET ADDRESS CMY-ST-ZIP SARASOTA, FL 34241 U00000266125 03/17/05-80016-025 150.00 VD TITLE MORRISON, JOAN F NAME STREET ADDRESS 7045 WESTWOOD DRIVE CITY-ST-ZIP SARASOTA, FL. 34241 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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

FILED

941-929-9699