

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000048920

1. Entity Name
YVONNE H MORRELL P.A.



Principal Place of Business
**#1 HOGTOWN BAYOU LANE
SANTA ROSA BEACH, FL 32459**

Mailing Address
**PO BOX 2124
SANTA ROSA BEACH, FL 32459**



02222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3593083** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FARRISH, AUDREY
804 CHURCHILL BAYOU RD
SANTA ROSA BEACH, FL 32459**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing the obligations of registered agent.

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 if applicable

(If the registered agent signature is required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

**000000449850
03/09/06-80068-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MORRELL, YVONNE H**
STREET ADDRESS **#1 HOGTOWN BAYOU LANE**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

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12. I hereby certify that the information supplied with this filing does not qualify for 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or the person who changed, or on an attachment with an address, with all other like empowered.

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or the person who changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

SECRETARY

Date

Daytime Phone #

**YVONNE MORRELL
7885-24-06 850-267-1198**