


**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      Mailing Address  
**#1 HOGTOWN BAYOU LANE**      **PO BOX 2124**  
**SANTA ROSA BEACH, FL 32459**      **SANTA ROSA BEACH, FL 32459**

**DO NOT WRITE IN THIS SPACE**



02222006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3593083</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**FARRISH, AUDREY**  
**804 CHURCHILL BAYOU RD**  
**SANTA ROSA BEACH, FL 32459**

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8. The above named entity submits this statement for the purpose of changing the obligations of registered agent. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable      Registered Agent signature required when reinstating

**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

1000000449850  
 03/09/06-80068-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRELL, YVONNE H #1 HOGTOWN BAYOU LANE 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 the 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:** *Yvonne H. Morrell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

**YVONNE MORRELL**  
 PRES. 2-24-06 850-267-1198  
Director      Date      Cell/Office Phone #