


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90015 046 \*\*\*150.00

DOCUMENT # S60202			
1. Entity Name MORGRAN COMPANY			
Principal Place of Business PARKS, TSCHOPP, WHITECOMB & ORR 2600 MAITLAND CTR PKWY #330 MAITLAND, FL 32751 US		Mailing Address MORGAN C/O LINDA PARKS 2600 MAITLAND CNTR. PKWY #33 MAITLAND, FL 32751 US	
2. Principal Place of Business <i>Parks, De Filippo + Assoc.</i> Suite, Apt. #, etc. <i>203 Lookout Pl, Ste. A</i> City & State <i>Maitland, FL</i> Zip <i>32751</i>		3. Mailing Address <i>Morgan Co. c/o Linda Parks</i> Suite, Apt. #, etc. <i>203 Lookout Pl, Ste A</i> City & State <i>Maitland, FL</i> Zip <i>32751</i>	
		4. FEI Number 59-3079517	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYES, GEORGE L III 5959 CENTRAL AVE. #104 SAINT PETERSBURG, FL 33710		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LORENZOTTI, GUIDO 5959 CENTRAL AVE., #104 SAINT PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARKS, LINDA 2600 MAITLAND CTR PKWY #330 MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>203 Lookout Pl, Ste A</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROMMELT, DR VEIT 5959 CENTRAL AVE. #104 SAINT PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROSS, LARRY D P.O. BOX 1980 MORRISTOWN, NJ 07962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAYES, GEORGE L III 5959 CENTRAL AVE. #104 SAINT PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>[Signature]</i>		Date <i>2-18-04</i> Daytime Phone # <i>(407) 539-1330</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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