


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # S60202 1. Entity Name MORGRAN COMPANY	
--	---

Principal Place of Business 4701 CENTRAL AVENUE SUITE A ST. PETERSBURG, FL 33713 US	Mailing Address MORGAN C/O LINDA PARKS 203 LOOKOUT PL STE A MAITLAND, FL 32751 US
--	--



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 Q III 4701 CENTRAL AVE. SUITE A SAINT PETERSBURG, FL 33713	DO NOT WRITE IN THIS SPACE
--	-----------------------------------

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORENZOTTI, GUIDO 4701 CENTRAL AVE., SUITE A SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PARKS, LINDA 203 LOOKOUT PL STE A MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROMMELT, DR VEIT 4701 CENTRAL AVENUE SUITE A SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, LARRY D P.O. BOX 1980 MORRISTOWN, NJ 07962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAYES, GEORGE L III 4701 CENTRAL AVENUE SUITE A SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000620760
 02/09/07-80050-003 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the 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 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 Linda G. T. Parks Date 2-2-07 (407) 539-1330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #