


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90007 024 ***150.00

DOCUMENT # S72101 1. Entity Name MORGAN FARMS, INC.			
Principal Place of Business 412 NE 16TH AVE SUITE 30 GAINESVILLE, FL 32601		Mailing Address 412 NE 16TH AVE SUITE 30 GAINESVILLE, FL 32601	
2. Principal Place of Business 4127 NW 27th Ln Suite, Apt. #, etc. Suite A		3. Mailing Address PO Box 357845 Suite, Apt. #, etc.	
City & State Gainesville, FL Zip 32606 Country USA		City & State Gainesville FL Zip 32635 Country USA	
4. FEI Number 59-3080313		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, CARIDAD E 412 NE 16TH AVE SUITE 30 GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name Lee, Caridad Street Address (P.O. Box Number is Not Acceptable) 4127 NW 27th Ln, Ste A City Gainesville FL Zip Code 32606	
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: Caridad E. Lee Caridad E. Lee 1/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LEE, CARIDAD E 412 NE 16TH AVE STE 30 GAINESVILLE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lee, Caridad DPS 4127 NW 27th Ln, Ste A Gainesville, FL 32606
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
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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: Caridad E. Lee		1/28/04 352-334-1976 <small>Date Daytime Phone #</small>	