


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # S94981 1. Entity Name ROBERT E. MORRIS, P.A.	
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Principal Place of Business 5020 W CYPRESS ST SUITE 200 TAMPA, FL 33607 US	Mailing Address 5020 W CYPRESS ST SUITE 200 TAMPA, FL 33607 US
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DO NOT WRITE IN THIS SPACE



02072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3095957	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

MORRIS, ROBERT E
5020 W CYPRESS ST
SUITE 200
TAMPA, FL 33607

**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 _____ (NOTE: Registered Agent signature required when re/instating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000223280 02/10/05-80038-007 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST MORRIS, ROBERT E 5020 W CYPRESS ST STE 200 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, ROBERT E. 5020 W CYPRESS ST STE 200 TAMPA, FL 33607
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IN THIS SPACE**

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 life empowered.

SIGNATURE: Robert E. Morris, Pres. 2/7/2005 813-289-0440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #