

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S94981

FILED
Jan 05, 2011
Secretary of State

Entity Name: ROBERT E. MORRIS, P.A.

Current Principal Place of Business:

5020 W CYPRESS ST
SUITE 200
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

5020 W CYPRESS ST
SUITE 200
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-3095957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PST
Name: MORRIS, ROBERT E
Address: 5020 W CYPRESS ST STE 200
City-St-Zip: TAMPA, FL 33607

Title: D
Name: MORRIS, ROBERT E.
Address: 5020 W CYPRESS ST STE 200
City-St-Zip: TAMPA, FL 33607

Title: VP
Name: BAUMAN, ROBERT A
Address: 5020 W CYPRESS ST STE 200
City-St-Zip: TAMPA, FL 33607

Title: VPAS
Name: FOX JONES, JULIE F
Address: 5020 W CYPRESS ST STE 200
City-St-Zip: TAMPA, FL 33607

Title: VPAS
Name: MORRIS, FRANCES M
Address: 5020 W CYPRESS ST STE 200
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT E. MORRIS

PST

01/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date