


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90064 036 \*\*\*150.00

<b>DOCUMENT # V22628</b> 1. Entity Name <b>MORGAN, HOWEN &amp; CO.</b>					
Principal Place of Business <b>818 SE 4 ST. #405 FORT LAUDERDALE, FL 33301</b>			Mailing Address <b>P.O. BOX 030488 FT. LAUDERDALE, FL 33303</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0336447</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>COMSTOCK, JO 818 SE 4TH STREET #405 FT LAUDERDALE, FL 33301</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)	
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.				\$8.75 Additional Fee Required	
SIGNATURE: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: <i>7/25/07</i>	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST COMSTOCK, JO 818 SE 4 ST. #405 FORT LAUDERDALE, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COMSTOCK, JO 818 SE 4 ST. #405 FORT LAUDERDALE, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		<input type="checkbox"/> Delete		
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: <i>Jo Comstock</i> <i>Jo COMSTOCK</i> <i>7/25/07</i> <i>954-768-0623</i> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

ATTACHMENT  
MORGAN, HOWEN, & CO.  
P.O. Box 030285  
Fort Lauderdale, FL  
33303-0285  
(954) 566-1793 Fax (954) 351-7437

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# V22628

Date: July 6, 2007

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 8700  
Tallahassee, FL 32314

Dear Sirs:

Enclosed is your "Notice of Intent to Dissolve" sent to us in error.

We have properly filed our Annual Reports every year since we were incorporated fifteen (15) years ago.

Please correct your records.

If you tell us what you believe is deficient, we will be pleased to provide you with evidence of our compliance.

For any questions, feel free to call the undersigned.

Unfortunately, there is no telephone number on your form, so we could not call you to give you this information.

Sincerely,

S. C. Adams

S.C. Adams  
Vice President