

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V67438

FILED  
Feb 13, 2005  
Secretary of State

Entity Name: MORGAN COMTEC, INC.

**Current Principal Place of Business:**

9645 NAVARRE PKY  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

1114 E. COLLINWOOD CIRCLE  
PO BOX 283  
OPELIKA, AL 36801

**New Mailing Address:**

FEI Number: 59-3150078      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HURD, THOMAS C JR  
9645 NAVARRE PKY  
NAVARRE, FL 32566      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HURD, THOMAS C  
Address: 1114 E. COLLINWOOD CIRCLE  
City-St-Zip: OPELIKA, AL 36801

Title: STD ( ) Delete  
Name: HURD, ROSE ANNE  
Address: 1114 E. COLLINWOOD CIRCLE  
City-St-Zip: OPELIKA, AL 36801

Title: VD ( ) Delete  
Name: MORGAN, CONSTANTINA D  
Address: 9645 NAVARRE PARKWAY  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: SEGREST, CHARLES D  
Address: 634 CARY DRIVE  
City-St-Zip: AUBURN, AL 36608

Title: D ( ) Delete  
Name: STEPHENS, SELDEN H  
Address: 259 TUTHILL LANE  
City-St-Zip: MOBILE, AL 32566

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: MORGAN, JOHN T  
Address: 9645 NAVARRE PARKWAY  
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS C HURD

PD

02/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date