

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V67438

Entity Name: MORGAN COMTEC, INC.

FILED
May 11, 2006
Secretary of State

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: D () Delete
Name: MORGAN, JOHN T
Address: 9645 NAVARRE PARKWAY
City-St-Zip: NAVARRE, FL 32566

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

05/11/2006

Electronic Signature of Signing Officer or Director

Date