2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# V67438

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:	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 01/10/2007

Electronic Signature of Signing Officer or Director — Date