FILED
Apr 05, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V69359

1. Entity Name
MORRIS, RICHARDS & KINSEY, P.A.

Principal Place of Business	Mailing Address
806 E 6TH ST PANAMA CITY, FL 32401 US	806 E 6TH ST PANAMA CITY, FL 32401 US

02272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3143580
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, RODNEY C.
806 E 6TH STREET
PANAMA CITY, FL 32401

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fee

U00000102298
04/05/04-80010-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	MORRIS, RODNEY C.
STREET ADDRESS	504 BUNKERS COVE RD
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	DVP
NAME	RICHARDS, JOHN J.
STREET ADDRESS	2101 W HWY 390 #1102
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	DVP
NAME	KINSEY, STEVEN
STREET ADDRESS	2507 PARKWOOD DR
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 3-22-04
Signature and Type or Print Name of Individual Officer or Director — Date — Daytime Phone #