

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L05243

1. Entity Name
GENE MORTON'S PLUMBING, INC.



Principal Place of Business

**170 COLLEGE DR
S-E
ORANGE PARK, FL 32065 US**

Mailing Address

**170 COLLEGE DR
S-E
ORANGE PARK, FL 32065 US**

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2958682

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TOUSEY, CLAY B., JR.
2600 INDEPENDENT SQUARE
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MORTON, GENE A.
STREET ADDRESS	170-E COLLEGE DR
CITY-ST-ZIP	ORANGE PARK, FL
TITLE	DST
NAME	MORTON, LINDA Y.
STREET ADDRESS	170-E COLLEGE DR
CITY-ST-ZIP	ORANGE PARK, FL
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**

U000000013265
01/26/04-80046-017 150.00

12. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Linda Y. Morton **Linda Y. Morton** 1-21-04 904-272-4672