

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 19, 2007 08:00 A
Secretary of State

DOCUMENT # 379378

1. Entity Name
MORTON ELECTRIC, INC.



Principal Place of Business
**1607 CHERRYWOOD LANE
LONGWOOD, FL 32750-0418**

Mailing Address
**1607 CHERRYWOOD LANE
LONGWOOD, FL 32750-0418**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1354562

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PITTS, DUANE H
1607 CHERRYWOOD LN
LONGWOOD, FL 32750**

**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 renating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	PITTS, SHARON L
STREET ADDRESS	3445 ROCKCLIFF PLACE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	P
NAME	PITTS, DUANE H
STREET ADDRESS	3445 ROCKCLIFF PLACE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	VP
NAME	ARMSTRONG, JOHN C.
STREET ADDRESS	1927 BENT OAK DR.
CITY-ST-ZIP	APOPKA, FL
TITLE	VP
NAME	ARMSTRONG, DAVID M
STREET ADDRESS	3330 1-2 S PENNINSULA DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/22/07-80008-024 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 lines empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DUANE H. PITTS
PRAS.

Date

Daytime Phone #

1/16/07 407 830-1000