

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90636 043 ***150.00

DOCUMENT # 536449

1. Entity Name

MORTON D. AULLS, P.A.



Principal Place of Business

**221 N JOANNA AVE
TAVARES FL 32778**

Mailing Address

**221 N JOANNA AVE
TAVARES FL 32778**

2. Principal Place of Business

3000 Highway 19A

3. Mailing Address

3000 Highway 19A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mount Dora, FL

City & State

Mount Dora, FL

4. FEI Number

59-1749984

Applied For

Not Applicable

Zip

32757

Country

USA

Zip

32757

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AULLS, MORTON D.
14229 US HWY 441
TAVARES FL 32778**

Name

Aulls, Morton D.

Street Address (P.O. Box Number is Not Acceptable)

3000 Highway 19A

City

Mount Dora

FL

Zip Code
32757

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	AULLS, MORTON D.	
STREET ADDRESS	221 N JOANNA AVE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	☒ Change ☐ Addition
NAME	Aulls, Morton D.	
STREET ADDRESS	3000 Highway 19A	
CITY-ST-ZIP	Mount Dora, FL 32757	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Morton D. Aulls

4/8/04

(352) 343-0770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #