

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # 536449 1. Entity Name MORTON D. AULLS, P.A.			
Principal Place of Business 3000 HWY 19A MOUNT DORA, FL 32757		Mailing Address 3000 HWY 19A MOUNT DORA, FL 32757	
DO NOT WRITE IN THIS SPACE			
		04162007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1749984	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AULLS, MORTON D. 3000 HWY 19A MOUNT DORA, FL 32757		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 _____ (NOTE: Registered Agent signature required when reinstating) 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		DO NOT WRITE IN THIS SPACE U000000720628 05/01/07-80115-008 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AULLS, MORTON D. 3000 HWY 19A MOUNT DORA, FL 32757		
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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 like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/17/2007 (352) 343-0770 Date Daytime Phone #	