

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 607966

1. Entity Name
MORTON'S ASSOCIATES, INC.



Principal Place of Business
**3035 TAMiami TRAIL
PORT CHARLOTTE, FL 33952**

Mailing Address
**3035 TAMiami TRAIL
PORT CHARLOTTE, FL 33952**



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1911370

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WAKSLER, BARBARA
142 SE LELAND ST.
PORT CHARLOTTE, FL 33952**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	WAKSLER, MORTON
STREET ADDRESS	142 SE LELAND ST.
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	PD
NAME	WAKSLER, BARBARA
STREET ADDRESS	142 SE LELAND ST.
CITY-ST-ZIP	PORT CHARLOTTE, FL
TITLE	PD
NAME	WAKSLER, JOSEPH
STREET ADDRESS	160 HERONS CT
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	S
NAME	WAKSLER, GERI
STREET ADDRESS	160 HARBOR CT
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/04/05-80056-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Barbara Wakslar **BARBARA WAKSLER** 3-1-05 94-625-7469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #