

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90010 046 ***158.75

DOCUMENT # F18128

1. Entity Name

MORTON AND ASSOCIATES OF LAKE CITY, FLORIDA, INC.



Principal Place of Business

C/O THE PLANTATION
 ROUTE 18 BOX 222
 LAKE CITY FL 32025

Mailing Address

C/O THE PLANTATION
 ROUTE 18 BOX 222
 LAKE CITY FL 32025

44001000



MOORE CR2E034 (4/04)

2. Principal Place of Business

147 SW SUMMERS LN.
 Suite, Apt. #, etc.

3. Mailing Address

147 SW SUMMERS LN.
 Suite, Apt. #, etc.

City & State

LAKE CITY, FL.

City & State

LAKE CITY, FL.

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

32025

Country

COLUMBIA

Zip

32025

Country

COLUMBIA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOTTSCHALK, ROBERT H II
 RT 18, BOX 222
 LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 147 SW SUMMER LN.

City

LAKE CITY

FL

Zip Code

32025

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 \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P Delete
 NAME: GOTTSCHALK, ROBERT H II
 STREET ADDRESS: RT. 18, BOX 222
 CITY-ST-ZIP: LAKE CITY FL 32025

TITLE: VP Delete
 NAME: MORTON, JAMES E
 STREET ADDRESS: RT 18, BOX 222
 CITY-ST-ZIP: LAKE CITY FL 32025

TITLE: ST Delete
 NAME: MORTON, SANDRA A
 STREET ADDRESS: RT #2 BOX 363-G
 CITY-ST-ZIP: LAKE CITY FL

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
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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: *Robert H. Gottschalk II* ROBERT H. GOTTSCHALK II 8/3/04 386-755-2737
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #