

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90268 041 ***158.75

DOCUMENT # F18128

1. Entity Name
 MORTON AND ASSOCIATES OF LAKE CITY, FLORIDA, INC.



Principal Place of Business

147 SW SUMMERS LN
 LAKE CITY, FL 32025

Mailing Address

147 SW SUMMERS LN
 LAKE CITY, FL 32025

40086403



DO NOT WRITE IN THIS SPACE

01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2050176 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

GOTTSCHALK, ROBERT H II
 147 SW SUMMER LN
 LAKE CITY, FL 32025

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GOTTSCHALK, ROBERT H II
STREET ADDRESS	RT 10, BOX 222 573 SW HIDEWAY DR
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	VP
NAME	MORTON, JAMES E
STREET ADDRESS	RT 18, BOX 222 558 SW HIDEWAY DR.
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	ST
NAME	MORTON, SANDRA GOTTSCHALK, ROSEMARY E
STREET ADDRESS	RT 12 BOX 363 6 573 SW HIDEWAY DR
CITY-ST-ZIP	LAKE CITY, FL 32025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Robert H. Gottschalk II ROBERT H. GOTTSCHALK II

Date

4/28/06

Daytime Phone #

386-753-2737