

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F69442

Entity Name: P. H. MORTON CO., INC.

FILED  
May 09, 2008  
Secretary of State

## Current Principal Place of Business:

C/O THOMAS P. FLAVIN, CPA  
3210 N. WICKHAM RD, SUITE 5  
MELBOURNE, FL 32935 US

## New Principal Place of Business:

180 BERKELEY STREET  
SATELLITE BEACH, FL 32937 US

## Current Mailing Address:

C/O THOMAS P. FLAVIN, CPA  
3210 N. WICKHAM RD SUITE 5  
MELBOURNE, FL 32935 US

## New Mailing Address:

180 BERKELEY STREET  
SATELLITE BEACH, FL 32937 US

FEI Number: 59-2176510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLAVIN, THOMAS P. CPA  
330 FIFTH AVENUE  
INDIALANTIC, FL 32903 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MORTON, PAUL H,  
Address: 180 BERKELEY ST  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: DST ( ) Delete  
Name: MORTON, JOSEPHINE M,  
Address: 180 BERKELEY ST  
City-St-Zip: SATELLITE BEACH, FL 32937

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPHINE M. MORTON

DST

05/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date