

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90004 041 ***150.00

DOCUMENT # F98000005148

1. Entity Name
JIM MORTON AND ASSOCIATES, INC.



Principal Place of Business
**1040 PARC LANE WEST
DECATUR, GA 30033**

Mailing Address
**1040 PARC LANE WEST
DECATUR, GA 30033**

54068760



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07192004 - -Chg-P - -CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-2409841

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, ROBERT D JR.
125 W. ROMANA ST., STE. 800
PENSACOLA, FL 32501**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CPST
MORTON, JAMES E III
2165 WILLIVEE PL.
DECATUR, GA 30033**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

**1040 PARC LANE WEST
DECATUR, GA 30033**

TITLE
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☐ Change ☐ Addition

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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: *James E Morton III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **404/636-2288**
Daytime Phone #