

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H00658**

1. Entity Name  
**MORTEN ENTERPRISES, INC.**



Principal Place of Business  
**12350 U.S. HWY. 19 N.  
CLEARWATER, FL 33764 US**

Mailing Address  
**12350 U.S. HWY. 19 N.  
CLEARWATER, FL 33764 US**



02212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2463911**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MORTEN, JAMES E  
15462 GULF BLVD  
#906  
MADEIRA BEACH, FL 33708**

**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, 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	PSCD
NAME	MORTEN, JAMES E.
STREET ADDRESS	15462 GULF BLVD, #906
CITY-ST-ZIP	MADERIA BCH, FL 33708
TITLE	DV
NAME	MORTEN, JAMES A.
STREET ADDRESS	8567 PARKWOOD BLVD N.
CITY-ST-ZIP	SEMINOLE, FL 34647
TITLE	DVT
NAME	MORTEN, SCOTT J.
STREET ADDRESS	13328 93RD AVE N.
CITY-ST-ZIP	SEMINOLE, FL 33776
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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03/08/06-80035-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 *James E. Morten* **JAMES E. MORTEN**

**2/21/06**

**727-521-895.**