2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 08:00 AN Secretary of State

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1. Entity Name

MORTON & BENNEFIELD PROPERTIES, INC.



Principal Place of Business

Mailing Address

2450 BISCAYNE BLVD. #808 2450 BISCAYNE BLVD.

#808

JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218



 \Box

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0201457 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORTON, JAMES N JR 12450 BISCAYNE BLVD. #808 JACKSONVILLE, FL 32218 DO NOT WRITE IN THIS SPACE

		}			
	named entity submits this statement for the ions of registered agent.	purpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little	if applicable. (NOTE, Registered		a required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS		·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNEFILED, SAMUEL 12450 BISCAYNE BLVD. JACKSONVILLE, FL 32218				000000534821 05/08/06-80026-022 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLMES, SANDRE 1650 SPIRE ST. JACKSONVILLE, FL 32208	. به د مصر می در			
TITLE NAME STREET ADDRESS CITY -ST-ZIP				DO	NOT WRITE
TITLE RAME STREET ADDRESS CITY-ST-ZIP		al.		IN	THIS SPACE
THILE NAME STREET ADDRESS CITY-ST-ZIP	_				
TITLE					

12. I hereby certify that the information supplied with this filling 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 617, 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:

STREET ADDRESS CITY-ST-ZIP

LATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06

Date Daytime Phone #