


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90048 016 ***150.00

DOCUMENT # P03000124624

1. Entity Name
JACK MORTON ELECTRICAL CONTRACTOR, INC.



Principal Place of Business Mailing Address
401 ROYCE ST **401 ROYCE ST**
PENSACOLA, FL 32503 **PENSACOLA, FL 32503**

44000200

2. Principal Place of Business 3. Mailing Address
401 Royce St. *401 Royce St.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.



01052004 Chg-P CR2E034 (10/03)

City & State City & State
Pensacola FL *Pensacola FL*
 Zip Country Zip Country
32503 *ESCAMBIA* *32503* *ESCAMBIA*

4. FE# Number Applied For
56-2410493 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

MORTON, JACK
401 ROYCE ST
PENSACOLA, FL 32503

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORTON, JACK 401 ROYCE ST PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: JACK MORTON 01-06-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #