


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90177 009 \*\*\*150.00

<b>DOCUMENT # P04000000133</b> 1. Entity Name <b>JOHN MORTON ENTERPRISES, INC.</b>	
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Principal Place of Business <b>5049 BEIGE STREET JACKSONVILLE, FL 32258</b>	Mailing Address <b>5049 BEIGE STREET JACKSONVILLE, FL 32258</b>
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**DO NOT WRITE IN THIS SPACE**



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1211298</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, HENRY L  
10644 SQUIRES COURT  
JACKSONVILLE, FL 32257**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORTON, JOHN C P.O. BOX 32062 JACKSONVILLE, FL 32237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAPPS, CHARLES P 11090 MANDARIN STATION DRIVE, EAST JACKSONVILLE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: John C. Morton 4-27-06 904-699-5788  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #