


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| DOCUMENT # P94000067541<br>1. Entity Name<br>JOAN GREENE MORTON, P.A. |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>1901 HICKORY LN<br>ATLANTIC BEACH, FL 32233 | Mailing Address<br>1901 HICKORY LN<br>ATLANTIC BEACH, FL 32233 |
|--|--|

DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

|   |                                       |
|---|---------------------------------------|
| 4. FCJ Number<br>59-3269998                               | Applied For<br>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<br><br>MORTON, MARGRUEITE J<br>1901 HICKORY LN<br>ATLANTIC BEACH, FL 32233 | 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 \_\_\_\_\_ 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

000000077355  
 03/05/04-80038-023 150.00

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DPST<br>MORTON, MARGRUEITE J<br>1901 HICKORY LN<br>ATLANTIC BEACH, FL 32233 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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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)(f), 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: Margrueite Joan Morton Joan Morton President 3/3/04 904-249-3887  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #