

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90022 026 ***150.00

DOCUMENT # P96000036357

1. Entity Name

THE MORTON GROUP OF LAKE LAND, INC.



Principal Place of Business

5015 SOUTH FLORIDA AVENUE, SUITE 409
LAKE LAND FL 33813

Mailing Address

POST OFFICE BOX 2294
LAKE LAND FL 33806-2294

2. Principal Place of Business

6810 NEW TAMPA HWY

3. Mailing Address

Suite, Apt. #, etc.
SUITE 100

Suite, Apt. #, etc.

City & State
LAKE LAND, FL

City & State

Zip
33815

Country
USA

Zip

Country

4. FEI Number 59-3375014

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MADDEN, ROBERT L
5015 SOUTH FLORIDA AVENUE, SUITE 409
LAKE LAND FL 33813

7. Name and Address of New Registered Agent

Name SAME NAME

Street Address (P.O. Box Number is Not Acceptable)
6810 NEW TAMPA HWY

SUITE 100

City LAKE LAND

FL

Zip Code 33815

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

Robert L. Madden ROBERT L. MADDEN

2/14/04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MADDEN, ROBERT L 5015 SOUTH FLORIDA AVE. SUITE 409 LAKE LAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MADDEN, GREGORY A 5015 SOUTH FLORIDA AVE. SUITE 409 LAKE LAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6810 NEW TAMPA HWY, SUITE 100 LAKE LAND, FL 33815	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6810 NEW TAMPA HWY, SUITE 200 LAKE LAND, FL 33815	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Robert L. Madden ROBERT L. MADDEN

Date

Daytime Phone #

(863)
802-1004