

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000000139**

1. Entity Name

MORFORD & WHITEFIELD, P.A.



Principal Place of Business

4040 WOODCOOK DR. STE. 202  
JACKSONVILLE, FL 32207 US

Mailing Address

4040 WOODCOOK DR. STE. 202  
JACKSONVILLE, FL 32207 US



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3417081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

WHITEFIELD, B THOMAS  
4040 WOODCOOK DR. STE. 202  
JACKSONVILLE, FL 32207

**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 \_\_\_\_\_

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000299113  
04/11/05-80094-017 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME MORFORD, DOUGLAS H  
STREET ADDRESS 3449 SUNNYSIDE DR  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE D  
NAME WHITEFIELD, B. THOMAS  
STREET ADDRESS 924 BROOKWOOD ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *B. Thomas Whitefield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/8/05*

Date

*(904) 396-5880*

Daytime Phone #