

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90030 009 ***150.00

DOCUMENT # P98000055793

1. Entity Name

MORTON FENCE, INC.



Principal Place of Business

2033 HIGHWAY 98 NORTH
OKEECHOBEE FL 34972

Mailing Address

P.O. BOX 644
OKEECHOBEE FL 34973

2. Principal Place of Business

3. Mailing Address

2033 Hwy. 98 N
Suite, Apt. #, etc.

PO Box 644
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Okeechobee, FL

City & State

Okeechobee, FL

4. FEI Number

65-0846578

Applied For

Not Applicable

Zip

34972

Country

USA

Zip

34973

Country

USA

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, SHIRLEY
2033 HIGHWAY 98 NORTH
OKEECHOBEE FL 34972

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

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 PD ☐ Delete
NAME MORTON, SHIRLEY
STREET ADDRESS 2033 HIGHWAY 98 NORTH
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE D ☐ Delete
NAME MORTON, JAMES
STREET ADDRESS 2033 HIGHWAY 98 NORTH
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE VS ☒ Delete
NAME MORTON, MATTHEW
STREET ADDRESS 2930 HWY. 710
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Shirley Morton Shirley Morton PD 3/1/04 863-763-2210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #