2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004
Secretary of State

DOCUMENT# P98000103638

Entity Name: MORTON MANAGEMENT, INC.

Current Principal Place of Business:

4123 NEPTUNE ROAD
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

4123 NEPTUNE ROAD
ST. CLOUD, FL 34769

New Mailing Address:

FEI Number: 59-3545984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORTON, ROGER
5255 MILLSTREAM DRIVE
SAINT CLOUD, FL 34771 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MORTON, ROGER
Address: 5255 MILLSTREAM DRIVE
City-St-Zip: SAINT CLOUD, FL 34771

Title: ST ( ) Delete
Name: MORTON, ALICE
Address: 5255 MILL STREAM DRIVE
City-St-Zip: SAINT CLOUD, FL 34771

Title: VP ( ) Delete
Name: MORTON, ANGELA
Address: 2815 BURWOOD
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA MORTON VP 06/07/2004

Electronic Signature of Signing Officer or Director Date