

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000058448 1. Entity Name MORTON CUSTOM HOMES, INC.	
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Principal Place of Business PO BOX 30212 SEA ISLAND, GA 31561	Mailing Address PO BOX 30212 SEA ISLAND, GA 31561
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DO NOT WRITE IN THIS SPACE



02092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2480477	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POOLE, WESLEY R 303 CENTRE ST STE 200 FERNANDINA BEACH, FL 32034

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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTON, WILLIAM A PO BOX 30212 SEA ISLAND, GA 31561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORTON, MARGARET B PO BOX 30212 SEA ISLAND, GA 31561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORNE, MARY M PO BOX 30212 SEA ISLAND, GA 31561
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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: Mary M Osborne 2/13/04 912.638.4648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #