


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 561286 1. Entity Name R.F. PORTER AND ASSOCIATES, INC.	
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Principal Place of Business 75 KONRAD CRESCENT, UNIT D MARKHAM, ONTARIO, CANADA L3R 8T8,	Mailing Address 75 KONRAD CRESCENT, UNIT D MARKHAM, ONTARIO, CANADA L3R 8T8,
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03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1900390	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETERSEN, ERIK H
2801-G ESTERO BLVD.
FORT MYERS BEACH, FL 33931-3530

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PORTER, REGINALD 75 KONRAD CRESCENT TORONTO, ONTARIO,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PORTER, MARK 75 KONRAD CRESCENT TORONTO, ONTARIO,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PORTER, JEAN 75 KONRAD CRESCENT TORONTO, ONTARIO,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/11/05-80111-006 158.75

**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)(f), 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:  PRESIDENT MAR 30/05