## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000115038

FILED Feb 16, 2004 Secretary of State

Entity Nar	me: PORTER	R, BRITTON, & ASSOCIATES,	INC.		
Current Principal Place of Business:			New Principal Place of Business:		
99 LAURIE ORMOND	EDRIVE BEACH, FL 3	32176			
Current Mailing Address:			New Mailing Address:		
99 LAURIE ORMOND	DRIVE BEACH, FL 3	32176			
FEI Number:	82-0571807	FEI Number Applied For()	FEI Number Not App	licable ( ) Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and	Address of New Registered Agent:	
	), M.A. H RIDGEWO BEACH, FL				
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing i	its registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( PORTER, JR., 99 LAURIE DR ORMOND BEA	IVE	Title: Name: Address: City-St-Zip:	PRES (X) Change ( ) Addition PORTER, JR., WILLIAM J 99 LAURIE DRIVE ORMOND BEACH, FL 32176 US	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	VP ( ) Change (X) Addition PORTER, III, WILLIAM J 99 LAURIE DRIVE ORMOND BEACH, FL 32176 US	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	VP ( ) Change (X) Addition PORTER, JANETTE 99 LAURIE DRIVE ORMOND BEACH, FL 32176 US	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	SECR ( ) Change (X) Addition PORTER, PATRICIA 9768 SW 92 TERR MIAMI, FL 32176 US	
Title: Name: Address:	(	) Delete	Title: Name: Address:	TREA ( ) Change (X) Addition PORTER, SR, WILLIAM J 9768 SW 92 TERR	

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.

City-St-Zip: MIAMI, FL 33176 US

SIGNATURE: WILLIAM J. PORTER, JR. PRES 02/16/2004

City-St-Zip: