


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90012 015 ***150.00

DOCUMENT # P95000048201
 1. Entity Name
 THE PORTNOY GROUP, INCORPORATED



Principal Place of Business: 9048 SHAWN PARK PLACE, ORLANDO, FL 32819
 Mailing Address: 9048 SHAWN PARK PLACE, ORLANDO, FL 32819

54026286



2. Principal Place of Business: 10518 Woodchase Circle
 Suite, Apt. #, etc.
 3. Mailing Address: PO Box 1005
 Suite, Apt. #, etc.

03302004 Chg-P CR2E034 (10/03)

City & State: Orlando, FL
 City & State: Wintermere, FL

4. FEI Number: 59-3345430
 Applied For: Not Applicable

Zip: 32836 Country: Country
 Zip: 34706 Country: Country

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PORTNOY, J. ELIAS
 9048 SHAWN PARK PLACE
 ORLANDO, FL 32819

7. Name and Address of New Registered Agent
 Name: J. Elias Portnoy
 Street Address (P.O. Box Number is Not Acceptable): 10518 Woodchase Circle
 City: Orlando FL Zip Code: 32836

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] DATE: 3/30/04
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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PORTNOY, J. ELIAS	
STREET ADDRESS	9048 SHAWN PARK PLACE	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Elias Portnoy	Address
STREET ADDRESS	10518 Woodchase Circle	
CITY-ST-ZIP	Orlando, FL 32836	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] DATE: 3/30/04 DAYTIME PHONE #: 407 876 7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #