

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S91911

FILED
Feb 19, 2010
Secretary of State

Entity Name: NORTH PORT RETIREMENT CENTER, INC.

Current Principal Place of Business:

NORTH PORT PINES
4950 POCAPELLA AVENUE
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

NORTH PORT PINES
4950 POCAPELLA AVENUE
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 65-0292534 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BUTT, ZIA U
4400 HARBOR BLVD.
PORT CHARLOTTE, FL 33953 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: BUTT, ZIA
Address: 25178 MERCEDES DR.
City-St-Zip: PORT CHARLOTTE, FL

Title: S
Name: BUTT, MUNIR
Address: 25178 MERCEDES DR.
City-St-Zip: PORT CHARLOTTE, FL

I hereby 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 all other like empowered.

SIGNATURE: ZIA BUTT

_____ Electronic Signature of Signing Officer or Director

CEO

02/19/2010

_____ Date