

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000006421

Entity Name: DELLA PORTA FINANCIAL ADVISORS, INC.**Current Principal Place of Business:**7807 BAYMEADOWS ROAD EAST
SUITE 301
JACKSONVILLE, FL 32256**Current Mailing Address:**7807 BAYMEADOWS ROAD EAST
SUITE 301
JACKSONVILLE, FL 32256 US**FEI Number: 26-2604816****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEONARD, BARBARA M
7807 BAYMEADOWS ROAD EAST
SUITE 301
JACKSONVILLE, FL 32256 US*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**Officer/Director Detail :**

Title	PD
Name	DELLA PORTA, VERONICA M
Address	7807 BAYMEADOWS ROAD EAST, SUITE 301
City-State-Zip:	JACKSONVILLE FL 32256

Title	STD
Name	LEONARD, BARBARA M
Address	7807 BAYMEADOWS ROAD EAST, SUITE 301
City-State-Zip:	JACKSONVILLE FL 32256

Title	V
Name	EGGLESTON, DAVID R
Address	7807 BAYMEADOWS ROAD EAST, SUITE 301
City-State-Zip:	JACKSONVILLE FL 32256

Title	V
Name	MANKIN, EMMETT WIV
Address	7807 BAYMEADOWS ROAD EAST, SUITE 301
City-State-Zip:	JACKSONVILLE FL 32256

Title	D
Name	DELLA PORTA, RONALD C
Address	7807 BAYMEADOWS ROAD EAST, SUITE 301
City-State-Zip:	JACKSONVILLE FL 32256

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: VERONICA DELLA PORTA**PRESIDENT****02/13/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date