

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # 274825

1. Entity Name  
PORT INGLIS REALTY, INC.



**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
63 W RT 40  
INGLIS, FL 34449 US

Mailing Address  
PO BOX DRAWER 489  
INGLIS, FL 34449 US



03112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1030338	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

EILAND, ARCHIE G  
63 WEST RT 40  
INGLIS, FL 34449

**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

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

U000000092579  
03/19/04-80014-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EILAND, ARCHIE G HUDSON ST. INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EILAND, MARTHA HUDSON ST. INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARVER, AMY E. 8250 SE 143 STREET INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEEK, PATSY J 101 LORI STREET INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Archie G. Eiland Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-04 352447231  
Date Daytime Phone #