

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 274825**

1. Entity Name  
**PORT INGLIS REALTY, INC.**



Principal Place of Business

**63 W RT 40  
INGLIS, FL 34449 US**

Mailing Address

**PO BOX DRAWER 489  
INGLIS, FL 34449 US**



04272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

**EILAND, MARTHA  
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EILAND, MARTHA HUDSON ST. INGLIS, FL 34449
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000932356  
05/22/08-80052-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Marta M. Eiland* **MARTHA M. EILAND** *4/23/08* **352-447-2371**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #