

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 334807

Entity Name: GALE PORTER, INC.

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

2513 COZUMEL DRIVE  
TAMPA, FL 33618 US

## New Principal Place of Business:

4021 N. ARMENIA AVENUE  
101  
TAMPA, FL 33607 US

## Current Mailing Address:

P.O. BOX 273298  
TAMPA, FL 33688 US

## New Mailing Address:

FEI Number: 59-1219388

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PORTER, R GALE, JR.  
500 EAST KENNEDY SUITE 200.  
TAMPA, FL 33602 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 ( ) Delete  
Name: PORTER, RICHARD GALE  
Address: 2513 COZUMEL DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: S ( ) Delete  
Name: PORTER, JERRY G.  
Address: 2513 COZUMEL DRIVE  
City-St-Zip: TAMPA, FL 33618

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD GALE PORTER

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date