

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 395295

FILED
Jan 05, 2009
Secretary of State

Entity Name: OLD PORT COVE CORPORATION

Current Principal Place of Business:

102 NOCOSSA CIR
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

102 NOCOSSA CIR
JUPITER, FL 33458

New Mailing Address:

FEI Number: 59-1392275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LETSCH, EILEEN F.
102 NOCOSSA CIRCLE
JUPITER, FL 33458 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: PS () Delete
Name: LETSCH, EILEEN,
Address: 1200 US HWY 1
City-St-Zip: N PALM BEACH, FL

Title: VT () Delete
Name: CANTY, ARLENE J,
Address: 1200 U.S. HWY. 1
City-St-Zip: N. PALM BCH., FL

Title: DC () Delete
Name: GRAY, GORDON C
Address: 102 NOCOSSA CIR
City-St-Zip: JUPITER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: EILEEN F. LETSCH

RA

01/05/2009

Electronic Signature of Signing Officer or Director

Date