


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 501300	
1. Entity Name PORTOFINO ROCK, INC.	

Principal Place of Business 1139 REAGAN VALLEY RD. TELLICO PLAINS, TN 37385	Mailing Address 1139 REAGAN VALLEY RD. TELLICO PLAINS, TN 37385
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DO NOT WRITE IN THIS SPACE

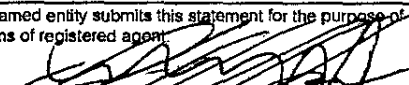
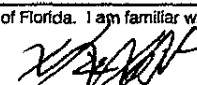


01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1666079	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 GRYZICH, SCOTT C.P.A. 1477 W. FAIRBANKS AVE. #200 WINTER PARK, FL 32789

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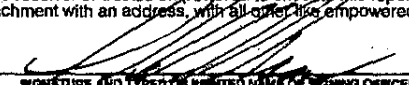
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	DATE: 
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FANKHAUSER, DAVID G. E. 1139 REAGAN VALLEY RD. TELLICO PLAINS, TN 37385
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FANKHAUSER, SANDRA K 1139 REAGAN VALLEY RD. TELLICO PLAINS, TN 37385
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/27/05-80021-003 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 	Date: 1/26/05 423-213-7100 Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	