

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
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



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1666079

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

**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 PT
NAME FANKHAUSER, DAVID G. E.
STREET ADDRESS 1139 REAGAN VALLEY RD.
CITY-ST-ZIP TELlico PLAINS, TN 37385

TITLE VS
NAME FANKHAUSER, SANDRA K
STREET ADDRESS 1139 REAGAN VALLEY RD.
CITY-ST-ZIP TELlico PLAINS, TN 37385

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000782919
01/15/08-80092-021 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID FANKHAUSER

1/10/08

Date

423
253-7100

Daytime Phone #