

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 555736

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: PORTER ENTERPRISES OF NAPLES, INC.

## Current Principal Place of Business:

271 FIRST AVENUE NORTH  
NAPLES, FL 34102 US

## New Principal Place of Business:

46950 BERMONT RD  
PUNTA GORDA, FL 33982 US

## Current Mailing Address:

271 FIRST AVENUE NORTH  
NAPLES, FL 34102 US

## New Mailing Address:

PO BOX 495190  
PORT CHARLOTTE, FL 33949 US

FEI Number: 59-1787191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PORTER,DUGAN J.  
271 FIRST AVE NORTH  
NAPLES, FL 34102 US

## Name and Address of New Registered Agent:

PORTER,DUGAN J.  
46950 BERMONT RD  
PUNTA GORDA, FL 33982 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PORTER, DUGAN  
Address: P.O. BOX 10039,NA  
City-St-Zip: NAPLES, FL

Title: ST ( ) Delete  
Name: PORTER, NATALIE  
Address: P.O. BOX 10039,NA  
City-St-Zip: NAPLES, FL

## 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: DUGAN PORTER

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date