2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 558716

1. Entity Name
PORT INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3557	P.O. BOX 3557
FLORIDA CITY, FL 33034	FLORIDA CITY, FL 33034

DO NOT WRITE IN THIS SPACE

03292005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1807295	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KULBABA, STANLEY J
858 ELLEN DRIVE
KEY LARGO,, FL 33037

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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 _____

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

IIIIIDD00287568
04/04/05-80075-015 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	KULBABA, STANLEY J
STREET ADDRESS	858 ELLEN DRIVE
CITY-ST-ZIP	KEY LARGO, FL 33037

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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)(i), 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: _____ Stanley J. Kulbaba _____ 3/29/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #