



**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90032 041 \*\*\*150.00

<b>DOCUMENT # 610167</b>			
1. Entity Name <b>NEW PORT LARGO, INC.</b>		Principal Place of Business <b>% MICHAEL R. SEWARD, ESQ. 560 OCEAN CAY KEY LARGO, FL 33037 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>MARR, STUART D. 560 OCEAN CAY KEY LARGO, FL 33037</b>		7. Name and Address of New Registered Agent Name <b>STUART D MARR</b> Street Address (P.O. Box Number is Not Acceptable) <b>560 OCEAN CAY</b> City <b>Key Largo</b> <b>FL</b> Zip Code <b>33037</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MARR, STUART D. 560 OCEAN CAY KEY LARGO, FL 33037</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>STUART D. MARR</b>		Date <b>3/26/04</b> 305-451-5516 <small>Daytime Phone #</small>	

04061647



03252004 Chg-P CR2E034 (10/03)

4. FEI Number **59-1963253** Applied For  Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

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

SIGNATURE:  **STUART D. MARR** Date **3/26/04** 305-451-5516  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #