

2006

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)****FILED****Apr 03, 2006 8:00 am
Secretary of State**

04-03-2006 90370 048 ****61.25

DOCUMENT # 701471

1. Entity Name

PORT REPOSE INC

Principal Place of Business

**1601 SE 15TH ST
FT LAUDERDALE FL 33316**

Mailing Address

**1601 SE 15TH ST
FT LAUDERDALE FL 33316****60024027**

MOORE

CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1032795

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EVERHART, BONNIE
1605 S.E. 15TH ST
#1A
FT. LAUDERDALE FL 33316**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$61.25
Due By May 1, 2006**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	POPE, BRENT	
STREET ADDRESS	1605 S.E. 15TH STREET 7-A	
CITY - ST - ZIP	FORT LAUDERDALE FL 33316	

TITLE	DT	<input type="checkbox"/> Delete
NAME	EVERHART, BONNIE	
STREET ADDRESS	1605 S.E. 15TH ST. 4-A	
CITY - ST - ZIP	FT. LAUDERDALE FL 33316	

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ANSTETT, ELIZABETH	
STREET ADDRESS	1605 SE 15TH ST 2-A	
CITY - ST - ZIP	FORT LAUDERDALE FL 33316	

TITLE	DV	<input type="checkbox"/> Delete
NAME	CHANDLER, DAVID	
STREET ADDRESS	1601 SE 15TH ST 1-B	
CITY - ST - ZIP	FORT LAUDERDALE FL 33316	

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	LAMBIE, ROBERT	
STREET ADDRESS	1601 SW 15TH ST 4-B	
CITY - ST - ZIP	FORT LAUDERDALE FL 33316	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, DANIEL	
STREET ADDRESS	1601 SE 15TH ST 4B	
CITY - ST - ZIP	FORT LAUDERDALE FL 33316	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SICK, JEFFREY	
STREET ADDRESS	1605 SE 15TH ST 6A	
CITY - ST - ZIP	FORT LAUDERDALE FL 33316	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 617, 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:*Bonnie Everhart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15, 2006 954-527-0008

Date

Daytime Phone #