


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90004 028 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1032795	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ADAMS, DANIEL VERGO, JOHN 1601 SE 15TH STREET APT 7B FT. LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent Name Vergo, John Street Address (P.O. Box Number is Not Acceptable) 1601 SE 15th Street APT 7B City FORT LAUDERDALE FL Zip Code 33316	
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 <u>Bonnie Everhart, Director</u> John Vergo Director <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small> February 26, 2007 <small>DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POPE, BRENT 1605 S.E. 15TH STREET 7-A FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WATSON, John 1601 SE 15th Street 6B Fort Lauderdale FL 33316
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT EVERHART, BONNIE 1605 S.E. 15TH ST. 4-A FT. LAUDERDALE, FL 33316	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Vergo, John 1601 SE 15th Street 7B Fort Lauderdale FL 33316
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ADAMS, DANIEL 1601 SE 15TH ST 4-B FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Arnold, Tom 1605 SE 15th Street 5A Fort Lauderdale FL 33316
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHANDLER, DAVID 1601 SE 15TH ST 1-B FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROSSITTO, TONY 1605 SE 15th STREET 8A FORT LAUDERDALE FL 33316
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SICK, JEFFREY 1605 SE 15TH ST 6A FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROSSITTO, TONY 1605 SE 15th STREET 8A FORT LAUDERDALE FL 33316
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 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: <u>Bonnie Everhart</u> February 26, 2007 954-527-0008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date Daytime Phone #</small>					