

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # 719227



**Mailing Address**  
**JOHN PORTER ACCOUNTING**  
**400S FEDERAL HWY SUITE 404**  
**BOYNTON BEACH, FL 33435**

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

03272008 Chg-NP CR2E037 (12/06)

4. FBI Number  
59-1370024

Applied For
Not Applicable

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

JOHN PORTER ACCOUNTING  
400 S FEDERAL HWY  
SUITE 404  
BOYNTON BEACH, FL 33435

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 \_\_\_\_\_

**Filing Fee Is \$61.25  
Due by May 1, 2008**

**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	VP	<input type="checkbox"/> Delete
NAME	COPPOLA, JOSEPH	
STREET ADDRESS	1801 OCEAN DR., J108	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	

TITLE	D	<input type="checkbox"/> Delete
NAME	HARVEY, ROBERT L	
STREET ADDRESS	1801 OCEAN DR J 11	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	

TITLE	P	<input type="checkbox"/> Delete
NAME	DESALVO, BASIL	
STREET ADDRESS	1801 OCEAN DR., J203	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	

TITLE	T	<input type="checkbox"/> Delete
NAME	YOUMANS, BILL	
STREET ADDRESS	1801 OCEAN DR., J202	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	

TITLE	S	<input type="checkbox"/> Delete
NAME	PETERSON-HARDT, SANDRA	
STREET ADDRESS	1801 OCEAN DR., J105	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	

TITLE	D	<input type="checkbox"/> Delete
NAME	PORTER, JOHN	
STREET ADDRESS	400S FEDERAL HWY SUITE 404	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	

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

TITLE	D	<input checked="" 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	<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			

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_