

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90040 008 ***150.00

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01072005 Chg-P CR2E034 (10/03)

DOCUMENT # F04000001260					
1. Entity Name PORTER FOODS & PRODUCE, LTD. CORPORATION					
Principal Place of Business 208 CHERRY LAKE ROAD DU QUOIN, IL 62832			Mailing Address P.O. BOX 407 DU QUOIN, IL 62832		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 37-0964823				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PORTER, RAYMOND 4707 TRANSPORT DRIVE TAMPA, FL 33605			7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/>		\$5.00 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	P PORTER, RON S 610 COTTONWOOD LANE DU QUOIN, IL 62832	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PORTER, LAURA M 610 COTTONWOOD LANE DU QUOIN, IL 62832	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PORTER, CAROLYN J 610 COTTONWOOD LANE DU QUOIN, IL 62832	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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 lines empowered.					
SIGNATURE: x		Laura M Porter		1/07/05 618.542.2156	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	