


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-07-2004 90031 047 ***150.00

DOCUMENT # F06903 1. Entity Name P-5 CORPORATION			
Principal Place of Business 1601 COWART ROAD PLANT CITY, FL 33567-8118		Mailing Address 1601 COWART ROAD PLANT CITY, FL 33567-8118	
2. Principal Place of Business 4329 ROBERT PORTER LANE		3. Mailing Address 4329 ROBERT PORTER LANE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State PLANT CITY FL		City & State PLANT CITY FL	
Zip 33567		Zip 33567	
Country 		Country 	
4. FEI Number 59-2050976		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, ROBERT P 1601 COWART RD PLANT CITY, FL		7. Name and Address of New Registered Agent Name LOUISE B. PORTER Street Address (P.O. Box Number is Not Acceptable) 4329 ROBERT PORTER LANE City PLANT CITY FL Zip Code 33567	
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 Louise B. Porter DATE 4/2/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	SD PORTER, LOUISE B 1601 COWART RD PLANT CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4329 ROBERT PORTER LANE PLANT CITY FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PORTER JR., ROBERT P. 1601 COWART RD. PLANT CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4325 ROBERT PORTER LANE PLANT CITY FL 33567
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
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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: Louise B. Porter <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/2/04 Daytime Phone #	