

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90363 047 \*\*\*150.00

**DOCUMENT # F07000001129**

1. Entity Name  
**PORTS AMERICA GULFPORT, INC.**



Principal Place of Business Mailing Address  
**99 WOOD AVE SOUTH 8TH FLOOR**  
**ISELIN, NJ 08830**

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

02072008 Chg-P CR2E034 (12/06)

4. FEI Number 72-0121715 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete  
NAME **MORGAN, DAVID**  
STREET ADDRESS **601 LOUISIANA AVE**  
CITY-ST-ZIP **NEW ORLEANS, LA 70115**

TITLE V ☐ Delete  
NAME **FOGARTY, FRANK**  
STREET ADDRESS **99 WOOD AVE S 8TH FLOOR**  
CITY-ST-ZIP **ISELIN, NJ 08830**

TITLE V ☐ Delete  
NAME **CUMMINGS, MARK S**  
STREET ADDRESS **99 WOOD AVE SOUTH 8TH FLOOR**  
CITY-ST-ZIP **ISELIN, NJ 08830**

TITLE V ☒ Delete  
NAME **HALTERLEIN, VINCENT**  
STREET ADDRESS **99 WOOD AVE SOUTH 8TH FLOOR**  
CITY-ST-ZIP **ISELIN, NJ 08830**

TITLE V ☐ Delete  
NAME **WILSON, MARK**  
STREET ADDRESS **99 WOOD AVE SOUTH 8TH FLOOR**  
CITY-ST-ZIP **ISELIN, NJ 08830**

TITLE AT ☒ Delete  
NAME **HAYDEN, BEVERLY**  
STREET ADDRESS **8222 MANCHESTER ST**  
CITY-ST-ZIP **HOUSTON, TX 77012**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME **Morgan, David**  
STREET ADDRESS **601 Louisiana Ave.**  
CITY-ST-ZIP **New Orleans, La. 70115**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME **Ferrucci, Mark**  
STREET ADDRESS **99 Wood Ave. South - 8th Floor**  
CITY-ST-ZIP **Iselin, N.J. 08830**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TO ☐ Change ☒ Addition  
NAME **Bellifemini, Michael**  
STREET ADDRESS **99 Wood Ave. South - 8th Floor**  
CITY-ST-ZIP **Iselin, N.J. 08830**

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 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:

*Michael Bellifemini* *Michael Bellifemini Treasurer*

4/23/08

732-635-3839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# ATTACHMENT

40085444

Ports America Gulfport, Inc.

Document: # F07000001129

## Item 11 Continued – Additions

- Walsh, Maureen  
99 wood Ave South 8<sup>th</sup>. Floor  
Iselin, NJ 08830

Title: Secretary