

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000329

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: VANPORT INTERNATIONAL, INC.

## Current Principal Place of Business:

28590 SE WALLY RD.  
BORING, OR 97009

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 97  
BORING, OR 97009

## New Mailing Address:

FEI Number: 93-1131346

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALLMAN, M. KRISTEN  
100 N. TAMPA ST., STE. 3600  
C/O OGLETREE DEAKINS ET AL, P.C.  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

ALLMAN, M. KRISTEN  
100 N. TAMPA ST., STE. 3350  
C/O CONSTANGY BROOKS & SMITH LLC  
TAMPA, FL 33602 US

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.

SIGNATURE: M. KRISTEN ALLMAN

01/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: HERTRICH, ADOLF  
Address: PO BOX 97  
City-St-Zip: BORING, OR 97009

Title: DP ( ) Delete  
Name: HANADA, HIRO  
Address: PO BOX 97  
City-St-Zip: BORING, OR 97009

Title: DV ( ) Delete  
Name: HERTRICH, MARTIN  
Address: PO BOX 97  
City-St-Zip: BORING, OR 97009

Title: DV ( ) Delete  
Name: OWEN, PAUL  
Address: PO BOX 97  
City-St-Zip: BORING, OR 97009

Title: D ( ) Delete  
Name: OSTREM, DAVID  
Address: PO BOX 97  
City-St-Zip: BORING, OR 97009

Title: S ( ) Delete  
Name: EVERETT, JAMES  
Address: PO BOX 97  
City-St-Zip: BORING, OR 97009

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M. EVERETT

SEC

01/07/2009

Electronic Signature of Signing Officer or Director

Date