FILED
Apr 07, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F20698

1. Entity Name
PORT INGLIS DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
555 W. HWY 40 P O BOX 898 INGLIS, FL 34449 US	555 W. HWY 40 P O BOX 898 INGLIS, FL 34449 US

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01262005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2374435
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAWTHORNE, RICHARD D.
19490 SE HAMMOCK RD
INGLIS, FL 34449

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	HAWTHORNE, DEAN
STREET ADDRESS	7150 SE 147TH AVE
CITY-ST-ZIP	MORRISTON, FL 32668
TITLE	TD
NAME	HAWTHORNE, EVA
STREET ADDRESS	35 N. HAWTHORNE DR.
CITY-ST-ZIP	INGLIS, FL
TITLE	PD
NAME	HAWTHORNE, RICHARD D.
STREET ADDRESS	19490 SE HAMMOCK RD
CITY-ST-ZIP	INGLIS, FL
TITLE	S
NAME	HAWTHORNE, MAGDALENE E
STREET ADDRESS	19490 SE HAMMOCK RD
CITY-ST-ZIP	INGLIS, FL
TITLE	VD
NAME	HAWTHORNE, NATHAN
STREET ADDRESS	73 N. HAWTHORNE DR.
CITY-ST-ZIP	INGLIS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/07/05-80020-014 150.00

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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 like empowered.

SIGNATURE: Magdalene E. Hawthorne 4-6-05 352-447-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #