


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90051 029 ***158.75

DOCUMENT # F84986
 1. Entity Name
PORTFOLIO MANAGEMENT ENTERPRISES, INC.



Principal Place of Business
**8827 MANOR LOOP
 APT #108
 BRADENTON FL 34202
 US**

Mailing Address
**P. O. BOX 827
 TALLEVAST FL 34270
 US**

2. Principal Place of Business
7039 Woodmore Terrace

3. Mailing Address
(Same as above)

Suite, Apt. #, etc.

City & State
Bradenton, FL.


City & State

Zip
34202

Country
U.S.A.

Zip

Country



MOORE CR2E034 (11/03)

4. FEI Number **59-2199736**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HOOD, WALTON DONNIE, IV
 8827 MANOR LOOP
 APT 108
 BRADENTON FL 34270**

7. Name and Address of New Registered Agent

Name
HOOD, WALTON DONNIE, IV

Street Address (P.O. Box Number is Not Acceptable)
7039 Woodmore Terrace

City
Bradenton

FL Zip Code
34202

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 **Walton Donnie Hood IV - President** DATE **4/10/04**

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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	PSD HOOD, WALTON D., IV 8827 MANOR LOOP APT #108 BRADENTON FL 34270 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HOOD, WALTON D., IV 7039 WOODMORE TERRACE BRADENTON, FL. 34202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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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: Walton Donnie Hood IV - President DATE **4/10/04** DAYTIME PHONE # **(941)907-9655**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #