## -2006 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # J27096

1. Entity Name
PORTILLO OAKS, INC.



Principal Place of Business Mailing Address

11021 MATTERHORN COURT SPRING HILL, FL 34608 11021 MATTERHORN COURT SPRING HILL, FL 34608

## FILED Feb 27, 2006 08:00 AM Secretary of State



02022006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2718986 Applied i

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

CUMMINGS, DONALD L. 2781 PEACHTREE CIRCLE CLEARWATER, FL 34621

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CATY-ST-ZDP

TITLE

NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2781 PEACHTREE CIR.

ESPOSITO, BARBARA

11021 MATTERHORN CT

CLEARWATER, FL

SPRING HILL, FL

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IN THIS SPACE

CLEARWATER, FL 34621			IN THIS SPACE			
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and a	
SIGNATURE_	Signature, typed or printed name of registered agent and title	fapplicable (NOTE: Registered	Agent signaturi	e required when reinstating)	DATE	
	E NOWIN FEE IS \$150.00 by 1, 2006 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	eing 🖂	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
title name street address city-st-21P	PO CUMMINGS, DONALD L. 2781 PEACHTREE CIRCLE CLEARWATER, FL			,	000080449544 03/03/06-80052-021 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ESPOSITO, PHILIP 11021 MATTERHORN CT SPRING HILL, FL			######################################		
TITLE	D CUMMINGS, ROBERTA					

12 I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informational indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or direct 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 changed, or on an attachment with an address, with all other like empowered.

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