


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # J27096 1. Entity Name PORTILLO OAKS, INC.	
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Principal Place of Business 11021 MATTERHORN COURT SPRING HILL, FL 34608	Mailing Address 11021 MATTERHORN COURT SPRING HILL, FL 34608
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2718986	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CUMMINGS, DONALD L. 2781 PEACHTREE CIRCLE CLEARWATER, FL 34621

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUMMINGS, DONALD L. 2781 PEACHTREE CIRCLE CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ESPOSITO, PHILIP 11021 MATTERHORN CT SPRING HILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINGS, ROBERTA 2781 PEACHTREE CIR. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ESPOSITO, BARBARA 11021 MATTERHORN CT SPRING HILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/09/08-80048-009 150.00

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: Barbara Esposito Barbara Esposito 3-22-08 352-666-0984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #