

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # J36450 1. Entity Name EASTPORT REALTY, INC.					
Principal Place of Business 2642 S.E. IBIS AVENUE PORT SAINT LUCIE FL 34952 US			Mailing Address 2642 S.E. IBIS AVENUE PORT SAINT LUCIE FL 34952 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2728264	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FARRELL, RICKEY L 1595 SE PORT ST LUCIE BLVD PORT ST. LUCIE FL 34952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable				DATE _____ (NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 ☐ Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Add	
PD HERRMANN, DAVID 2642 S.E. IBIS AVE. PORT ST. LUCIE FL				U00000501548 04/25/06-80067-008 158.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Add	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: David Herrmann **DAVID HERRMANN** 4/6/06 772-335-9770