

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 21, 2006 8:00 am
Secretary of State

05-04-2006 90218 015 ****61.25

DOCUMENT # N05000008336 1. Entity Name PORCH DE SALOMON CORP					
Principal Place of Business 357 OLD BUZBEE RD. MONTICELLO FL 32344			Mailing Address P.O. BOX 10509 TALLAHASSEE FL 32302		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-2737505	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
5. Name and Address of Current Registered Agent HEATH, SHAWN M. 1983 CENTRE POINTE BLVD., STE. 200 TALLAHASSEE FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agents must have a registered office in Florida)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WILLIAM MERREL JR. P.O. BOX 10509 TALLAHASSEE FL 32302 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK F. FORD 137 ARNISTUNG ROAD MONTICELLO, FL 32344 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, SUZANNE P.O. BOX 10509 TALLAHASSEE FL 32302 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRED THOMPSON 812 GREENBRIER LANE TALLAHASSEE, FL 32308 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONROE, DANIEL LLOYD P.O. BOX 10509 TALLAHASSEE FL 32302 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONROE, MELANIE P.O. BOX 10509 TALLAHASSEE FL 32302 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 617, 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: <i>Shel Thomson</i> <i>FRED THOMPSON</i> 4/27/06 850-559-5960 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					