

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90041 029 \*\*\*\*61.25

**DOCUMENT # N34657**  
 1. Entity Name  
**P.O.R.T., INC.**



Principal Place of Business Mailing Address  
 % ROSE SWEDLOW 21 LAKEPOINT CIRCLE  
 PORT ORANGE FL 32128

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/04)

4. FEI Number **59-2974973** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 SWEDLOW, ROSE  
 21 LAKEPOINT CIRCLE  
 PORT ORANGE FL 32128

**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]* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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**

TITLE	P	<input type="checkbox"/> Delete
NAME	SWEDLOW, ROSE	
STREET ADDRESS	21 LAKEPOINT CIRCLE	
CITY-ST-ZIP	PORT ORANGE FL 32124	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SANETTI, JEANNETTE	
STREET ADDRESS	2571 CORAL WAY E	
CITY-ST-ZIP	DAYTONA BCH FL 32118	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HERATY, DOROTHEA	
STREET ADDRESS	2405 SAXON DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	S	<input type="checkbox"/> Delete
NAME	TROTT, MARJORIE	
STREET ADDRESS	106 UNDERBRUSH TR	
CITY-ST-ZIP	PORT ORANGE FL 32124	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANETTI, FRED	
STREET ADDRESS	2571 CORAL WAY E	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	V	<input type="checkbox"/> Delete
NAME	TROTT, WILLIAM	
STREET ADDRESS	106 UNDERBRUSH TR.	
CITY-ST-ZIP	PORT ORANGE FL 32124	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANLEY, VIRGINIA	
STREET ADDRESS	978 WENDAM CT	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES B. MORTON, MORTON, JAMES B.	
STREET ADDRESS	1 LAKEPOINT CIRCLE	
CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASHLEY, CHARLES O.	
STREET ADDRESS	978 WENDAM CT.	
CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #