


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90007 050 ****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 % ROSE SWEDLOW
21 LAKEPOINT CIRCLE
PORT ORANGE FL 32128



2. Principal Place of Business - No P.O. Box #
% William Trott
Suite, Apt. #, etc.

3. Mailing Address
% William Trott
106 UNDERBRUSH TR.
Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State
PORT ORANGE FL

City & State
PORT ORANGE FL

Zip
32128 Country
USA

Zip
32128 Country
USA

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
William Trott
Street Address (P.O. Box Number is Not Acceptable)
106 UNDERBRUSH TR.
City
PORT ORANGE **FL** Zip Code
32128

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 *William Trott, President* *William Trott*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SWEDLOW, ROSE 21 LAKEPOINT CIRCLE PORT ORANGE FL 32124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V / S <input type="checkbox"/> Delete STANLEY, VIRGINIA 978 WENDAM CT PORT ORANGE FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete MORTON, JAMES B 1 LAKE POINT CIRCLE PORT ORANGE FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete TROTT, MARJORIE 106 UNDERBRUSH TR PORT ORANGE FL 32124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ASHLEY, CHARLES D 978 WENDAM CT PORT ORANGE FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete TROTT, WILLIAM 106 UNDERBRUSH TR. PORT ORANGE FL 32124

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>NO CHANGE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *William Trott, Pres.* *William Trott*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #