


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # N93000000857 1. Entity Name JESSIE PORTER'S HERITAGE HOUSE & ROBERT FROST COTTAGE, INC. |  |
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|--|--|
| Principal Place of Business 410 CAROLINE ST KEY WEST, FL 33040 | Mailing Address 410 CAROLINE ST KEY WEST, FL 33040 |
|--|--|

DO NOT WRITE IN THIS SPACE



02022007 No Chg-NP

CR2E037 (4/06)

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| 4. FEI Number 65-0673854 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**MILLS, PAUL S
6200 2ND ST
KEY WEST, FL 33040**

**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 reappointing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| | | |
|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000638823 02/27/07-80046-006 61.25 |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POIRIER, PORTER M 3901 BROWN AVE OAKLAND, CA 94619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEPIERO, ROBERTA 2828 STAPLES AVE KEY WEST, FL 33040 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAMPBELL, SUZANNE 2404 STAPLES AVE KEY WEST, FL 33040 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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 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:  **2/1/07 (305) 292-3163**
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR Date Daytime Phone #