


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90348 033 \*\*\*150.00

<b>DOCUMENT # P00000027697</b> 1. Entity Name <b>MIDPORT INVESTORS, INC.</b>	
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Principal Place of Business <b>5290 HIATUS RD. SUNRISE, FL 33351</b>	Mailing Address <b>5290 HIATUS RD. SUNRISE, FL 33351</b>
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**DO NOT WRITE IN THIS SPACE**



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1005828</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**VITALE, STEVEN G ESQ  
326 SW OSCEOLA STREET  
STUART, FL 34994**

**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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VITALE, OTTO 401 E. OCEAN BLVD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVIS, JAMES R 5290 HIATUS RD. SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AKRA, JOSEPH P 5290 HIATUS RD SUNRISE, FL 33351
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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 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 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 life empowered.

SIGNATURE: Joseph P. Akra 4/28/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #