


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90069 037 ***150.00

DOCUMENT # P00000086417 1. Entity Name PORT TAMPA COMMUNITIES, INC.					
Principal Place of Business 400 NORTH TAMPA STREET, SUITE 2300 TAMPA, FL 33602			Mailing Address 400 NORTH TAMPA STREET, SUITE 2300 TAMPA, FL 33602		
2. Principal Place of Business 201 N. Franklin Street		3. Mailing Address 201 North Franklin Street			
Suite, Apt. #, etc. 2000		Suite, Apt. #, etc. 2000			
City & State Tampa, FL		City & State Tampa, FL			
Zip 33602	Country USA	Zip 33602	Country USA	4. FEI Number 59-3668128	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCAIN, CARTER B 201 NORTH FRANKLIN STREET SUITE 2000 TAMPA, FL 33602			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRSCHNER, CHRISTOPHER G <input type="checkbox"/> Delete 400 NORTH TAMPA STREET, SUITE 2300 TAMPA, FL 33602		TITLE NAME STREET ADDRESS CITY-ST-ZIP	201 N. Franklin Street, #2000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tampa, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCAIN, CARTER B <input type="checkbox"/> Delete 400 TAMPA STR-STE 2300 TAMPA, FL 33602		TITLE NAME STREET ADDRESS CITY-ST-ZIP	201 N. Franklin Street, #2000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tampa, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLDSWORTH, GREG <input type="checkbox"/> Delete 400 NORTH TAMPA STREET, SUITE 2300 TAMPA, FL 33602		TITLE NAME STREET ADDRESS CITY-ST-ZIP	201 N. Franklin Street, #2000 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tampa, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.					
SIGNATURE: _____			Date 2-21-05 7:21-584 Daytime Phone # 9514		