## **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # P01000070241

1. Entity Name
WESTPORT CAPITAL MANAGEMENT CORPORATION



**FILED** Mar 23, 2005 08:00 AM Secretary of State

Principal Place of Business

301 YAMATO RD., STE. 2200 BOCA RATON, FL 33431

Mailing Address

301 YAMATO RD., STE. 2200 BOCA RATON, FL 33431



DO NOT WRITE IN THIS SPACE				03072005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For O6-1305960 Not Applicable			
					of Status Desired		Not Applicable 8.75 Additional ee Required
	6. Name and Address of Current Regis	tered Agent				<u> </u>	
301 YAMA	L, MARK H ATO RD., STE. 2200 TON, FL 33431		DO NOT WRITE IN THIS SPACE				
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	noing \$5.	00 May Be ed to Fees			
10.	OFFICERS AND DIREC	TORS		······································	The second secon		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RZEPCZYNSKI, MARK 301 YAMATO ROAD, STE 2200 BOCA RATON, FL 33431				03/23/05	02 <b>728</b> 2( -80 <b>00</b> 3-	) -015   150, 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEBSTER, KEN 301 YAMATO RD BOCA RATON, FL 33431	-					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOZAK, DAVID M 301 YAMATO ROAD, STE 2200 BOCA RATON, FL 33431			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-SY-ZIP	V ROBERTS, NATHAN 301 YAMATO ROAD, STE 2700 BOCA RATON, FL 33431		2 - 11/11/2004	IN 1	THIS SF	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE	1	ı	ł				

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 truetee 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 given like empowered.

**SIGNATURE:** 

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR