

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090435

FILED
Apr 07, 2006
Secretary of State

Entity Name: PORTER HOUSE FUNDRAISING, INC.

Current Principal Place of Business:

12347 CORMORANT DR. E.
JACKSONVILLE, FL 32223

New Principal Place of Business:

6510 COLUMBIA PARK DRIVE
205
JACKSONVILLE, FL 32258

Current Mailing Address:

12347 CORMORANT DR. E.
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 59-3758257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, JENNIFER
12347 CORMORANT DR. E.
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PORTER, JAMES R III
Address: 12347 CORMORANT DR. E
City-St-Zip: JACKSONVILLE, FL 32223

Title: STD () Delete
Name: PORTER, JENNIFER T
Address: 12347 CORMORANT DR. E
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER T PORTER

STD

04/07/2006

Electronic Signature of Signing Officer or Director

Date