

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000110865

FILED  
Apr 24, 2004  
Secretary of State

Entity Name: SOARING ENTERPRISES, INC.

## Current Principal Place of Business:

5937 NW 73 CT.  
PARKLAND, FL 33067

## New Principal Place of Business:

## Current Mailing Address:

5937 NW 73 CT.  
PARKLAND, FL 33067

## New Mailing Address:

FEI Number: 65-1151265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PORTERFIELD, ROBERT  
5937 NW 73 CT.  
PARKLAND, FL 33067 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: D ( ) Delete  
Name: PORTERFIELD, ROBERT  
Address: 5937 NW 73 CT.  
City-St-Zip: PARKLAND, FL 33067

Title: D ( ) Delete  
Name: PORTERFIELD, KATHLEEN  
Address: 5937 NW 73 CT  
City-St-Zip: PARKLAND, FL 33067

## 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 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 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: ROBERT D. PORTERFIELD

D

04/24/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date