

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90012 044 ***150.00

DOCUMENT # P02000087172

1. Entity Name
PORTENT TECHNOLOGIES, INC.



Principal Place of Business
**1727 ALGONQUIN DR.
CLEARWATER, FL 33755**

Mailing Address
**1727 ALGONQUIN DR.
CLEARWATER, FL 33755**

94045957



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

52-2371562

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERTS, DEREK A
1491 RIVERDALE DRIVE
OLDSMAR, FL 34677**

Name **ROBERTS, DEREK A**

Street Address (P.O. Box Number is Not Acceptable)

1727 ALGONQUIN DRIVE

City **CLEARWATER**

FL

Zip Code **33755**

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

Derek A Roberts

DEREK A. ROBERTS, PRESIDENT

4-2-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ROBERTS, DEREK A**
STREET ADDRESS **1491 RIVERDALE DRIVE**
CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE **VPD** ☐ Delete
NAME **ROBERTS, MARTIN J**
STREET ADDRESS **1520 SEAGULL DRIVE #307**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **ROBERTS, DEREK A.**
STREET ADDRESS **1727 ALGONQUIN DRIVE**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE **VPD** ☒ Change ☐ Addition
NAME **ROBERTS, MARTIN J.**
STREET ADDRESS **1727 ALGONQUIN DRIVE**
CITY-ST-ZIP **CLEARWATER, FL 33755**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

Derek A Roberts **DEREK A. ROBERTS**

Date

Daytime Phone #

**(727) 488 8070
4-2-04**