

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092986

FILED
Jun 07, 2005
Secretary of State

Entity Name: PORTO BELLO OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

3200 MATECUMBIE KEY ROAD
PUNTA GORDA, FL 33955

New Principal Place of Business:

Current Mailing Address:

3200 MATECUMBIE KEY ROAD
PUNTA GORDA, FL 33955

New Mailing Address:

FEI Number: 46-0498485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROLLINGS, HARVEY
1633 S.E. 47TH TERRACE
CAPE CORAL, FL 33904 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: CIRRINCIONE, THOMAS
Address: 4820 S.W. 29TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: VPS () Delete
Name: CIRRINCIONE, SAMUEL TD
Address: 4820 S.W. 29TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

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: THOMAS CIRRINCIONE

PD

06/07/2005

Electronic Signature of Signing Officer or Director

_____ Date