


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000095998 1. Entity Name NORTH PORT FLORIDA CORPORATION	
--	---

Principal Place of Business 17375 METCALF AVENUE PORT CHARLOTTE, FL 33954	Mailing Address 17375 METCALF AVENUE PORT CHARLOTTE, FL 33954
---	---

DO NOT WRITE IN THIS SPACE



03312004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0481630	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent COLONE, ARTHUR 17375 METCALF AVENUE PORT CHARLOTTE, FL 33954

DO NOT WRITE IN THIS SPACE

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: *Arthur L. Colone* DATE: 4/13/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 04/14/04-80021-016 150.00
---	--	-----------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLONE, ARTHUR 17375 METCALF AVENUE PORT CHARLOTTE, FL 33954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLONE, DENISE 17375 METCALF AVENUE PORT CHARLOTTE, FL 33954
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Arthur L. Colone* ARTHUR L. COLONE DATE: 4/12/04 DAYTIME PHONE #: 941-624-3378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR