


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90230 020 ***150.00

DOCUMENT # P03000021896 1. Entity Name PORTER RANCH, INC.					
Principal Place of Business 953 NW 3RD AVENUE SUITE 11 FLORIDA CITY, FL 33034			Mailing Address 953 NW 3RD AVENUE SUITE 11 FLORIDA CITY, FL 33034		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 20-0022766 Applied For <input type="checkbox"/> Not Applicable	
City & State Zip		City & State Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PORTER, LORIE A 953 NW 3RD AVENUE SUITE 11 FLORIDA CITY, FL 33034				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: 4/21/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PORTER, POWELL D 953 NW 3RD AVENUE, STE 11 FLORIDA CITY, FL 33034		TITLE NAME STREET ADDRESS CITY - ST - ZIP	7/D Porter, Anette 953 NW 3rd Ave., Ste 11 Florida City, FL 33034	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP PORTER, LORIE A 953 NW 3RD AVENUE, STE 11 FLORIDA CITY, FL 33034		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D Keen, S. Joy 953 NW 3rd Ave., Ste 11 Florida City, FL 33034	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS YACKEE, SCOTT 953 NW 3RD AVENUE, STE 11 FLORIDA CITY, FL 33034		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Porter, Anita S 953 NW 3rd Ave., Ste 11 Florida City, FL 33034	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Costello, Marie A 953 NW 3rd Ave., Ste 11 Florida City, FL 33034	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Lori Porter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 4/21/06		
DAYTIME PHONE: 305-687-3602			DAYTIME PHONE:		

50016757

