

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90199 012 ***150.00

DOCUMENT # P03000021896

1. Entity Name

PORTER RANCH, INC.



Principal Place of Business

953 NW 3RD AVENUE
SUITE 11
FLORIDA CITY FL 33034
US

Mailing Address

953 NW 3RD AVENUE
SUITE 11
FLORIDA CITY FL 33034
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number

20-0022766

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

PORTER, LORI A
953 NW 3RD AVENUE
SUITE 11
FLORIDA CITY FL 33034

Name

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

City

FL

Zip Code

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

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	PORTER, ANETTE	
STREET ADDRESS	953 NW 3RD AVENUE, STE 11	
CITY - ST - ZIP	FLORIDA CITY FL 33034	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	PORTER, LORI A	
STREET ADDRESS	953 NW 3RD AVENUE, STE 11	
CITY - ST - ZIP	FLORIDA CITY FL 33034	
TITLE	D	<input type="checkbox"/> Delete
NAME	PORTER, ANITA S	
STREET ADDRESS	953 NW 3RD AVENUE, STE 11	
CITY - ST - ZIP	FLORIDA CITY FL 33034	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	PORTER, JOY L	
STREET ADDRESS	953 NW 3RD AVENUE, STE 11	
CITY - ST - ZIP	FLORIDA CITY FL 33034	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PORTER, POWELL	
STREET ADDRESS	953 NW 3RD AVENUE, STE 11	
CITY - ST - ZIP	FLORIDA CITY FL 33034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

An Porter VOP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/07 (305)246-1933