

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000028652

1. Entity Name
PORT ALLEY, INC.



Principal Place of Business

**905 MARINER WAY
TAMPA, FL 33602**

Mailing Address

**905 MARINER WAY
TAMPA, FL 33602**



03062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0680424

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRONSTEIN, JOEL D
150 SECOND AVENUE NORTH, STE 1100
ST. PETERSBURG, FL 33701**

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000479130
04/08/06-80032-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	ALLEY, RUTH
STREET ADDRESS	905 MARINER WAY
CITY-STATE-ZIP	TAMPA, FL 33602
TITLE	DP
NAME	ALLEY, JOHN E
STREET ADDRESS	905 MARINER WAY
CITY-STATE-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *JOHN E ALLEY*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06 (813) 229-3990

Date Daytime Phone #