

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000071702

1. Entity Name
PORTER FASTENERS, INC.



Principal Place of Business

3187 RAIN DANCE LANE
N FT MYERS, FL 33917

Mailing Address

3187 RAIN DANCE LANE
N FT MYERS, FL 33917

DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number
05-0572718

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PORTER, CHARLES C SR
3187 RAIN DANCE LANE
N FT MYERS, FL 33917

**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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME PORTER, CHARLES C SR
STREET ADDRESS 3187 RAIN DANCE LANE
CITY-ST-ZIP N FT MYERS, FL 33917

TITLE D
NAME PORTER, MARGO
STREET ADDRESS 3187 RAIN DANCE LANE
CITY-ST-ZIP N FT MYERS, FL 33917

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/02/05-80023-010 150.00

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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: CHARLES C. PORTER, Sr.

2-7-05

239-652-0532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #