2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)						FILED				
1. Enlity Nan	MENT # P030000912 PORTS, INC.	76 `\ ``)		2, 200' cretar		:00 AN State	
8110 CEDAR BRUSH CIRCLE 8		Mailing Address 8110 CEDAR BRUSI SPRING TX 77379	8110 CEDAR BRUSH CIRCLE							
2. Principal F	Place of Businoss - No PO Box #	3. Mailing Address			-	20124: UL 23138 UN 22111 :	PRUI BRIJI GE138 (BIB)	***************************************	1 5///551 (1 124)	
Suite, Apt.	. #, olc.	Suito. Apt. #, etc.	Suito. Apt. #, etc.			1st MOORE CR2E034 (10/06)				
City & Star	lo	City & State	City & State			oer 54-21251	88		Applied For	
Z _I p Country		Zip	Country		5. Certificate	of Status Desiron		\$ 8.75 Ad Fee Requir	dditional	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of Nev			eu	
				Namo						
GUY, FRANK L 8110 CEDAR BRUSH CIRCLE SPRING FL 77379				Street Address (P.O. Box Number is Not Acceptable)						
								7in Co	do	
				City	FL Zip Code					
	e named entity submits this statement fortions of registered agent. Squature, typod or named registered agent			ed office or registo		oin, in the State of	DATE	amiliar with	and accept	
After	FILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.00 k Payable to Florida Department of					9. Election Can Trust Fund C			5.00 May Be ded to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO O	FFICERS AND	DIRECTOR	RS IN 11	
THE NAME STREET ADDRESS CHY-ST-ZIP	D WILLIS, DONTRELLE 8110 CEDAR BRUSH CIRCLE SPRING TX 77379	☐ Delele	II.			0000006 02/21/07-8	33472	□ Change		
THE NAMI SHELT ADDRESS CITY-ST-ZIP	D GUY, FRANK JR. 8110 CEDAR BRUSH CIRCLE SPRING TX 77379	☐ Delele						□ Change	Addition	
TITITE NAME STREET ADDRESS CITY-ST-71P	D GUY, KAI HOUSTON 8110 CEDAR BRUSH CIRCLE SPRING TX 77379	☐ Delete	- ·					☐ Cliange	Addition	
TITUE NAME STREET ADDRESS CITY-ST-ZIP	D PESKETT, SHARON 8110 CEDAR BRUSH CIRCLE SPRING TX 77379	☐ Deleic						☐ Change	☐ Addilion	
HITE. NAME STREET ADDRESS CHY-ST-7P	D HARRIS, JOYCE 8110 CEDAR BRUSH CIRCLE SPRING TX 77379	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delcte		1				☐ Change	Addilion	
indicated of the cor if change	certify that the information supplied will on this report or supplemental report is reportation or the receiver or trustee empty, or on an attachment with an address TURE:	strue and accurate and that cowered to execute this rep s, with all other like empty	it my signa pest as requ	ture shall have the	same logal offe	ct as if made unde	or cath; that I ar name appears i	m an office	er or director 🔝	