


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P03000115351 1. Entity Name JETPORT PETROLEUM, INC |  |
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| Principal Place of Business 8201 BENRUS ST ORLANDO, FL 32812 | Mailing Address P.O. BOX - 121438 CLERMONT, FL 34711 |
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04212005 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 20-0313539 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ALLEYNE, LYNDON 500 E. SEMORAN BLVD 2022 CASSELBERRY, FL 32707 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ALLEYNE, LYNDON 500 E. SEMORAN BLVD, STE 2022 CASSELBERRY, FL 32707 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ROOPHAH, RAMESH 3124 LANDTREE PLACE ORLANDO, FL 32812 |
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05/02/05-80106-020 150.00

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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)(f), 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:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/25/05 Daytime Phone # _____