2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 17, 2004 8:00 am ~

| DOCUMENT # P03000115480 1. Entity Name NORTHPORT ADVISORS, INC. Principal Place of Business Mailing Address Mailing Address Mailing Address Principal Place of Business Principal Place of Business Mailing Address | | | | S | Secretary of State 05-17-2004 90018 046 ***150.00 | | | |
|--|--|---|---|------------------------------|--|--|-----------|--|
| | T KEY CIRCLE A, FL-33955 | Er Prackong | St. wild kroy do. I'm acoudance with st. 807, 468(2)(5), Fibri do. Article for catal collection for the catalog collection. | | | | | |
| 846-457069 | grandpart (1996) and the company of the party of the company | , and the territorials that the | The trivial of course | School Switch | S CEICE MAN WELL BUILD CHIEL IN | TO: IIPTI EIKI EITS: 1911 OCI | | |
| 2. Principal Place of Business 3. Mailing Address 191 Post Suite, Apt. #, etc. Suite, Apt. #, etc. | | | d west | | | | | |
| Suite, Apr. #, etc. | | | | 05062004 | Chg-P | CR2E034 (10/03) | • | |
| City & State | | City & State Westport CT | | l l | 4. FEI Number Applied Fo Not Applied Fo | | | |
| Zip | Country | Zip 06880 | Country | | of Status Desired | \$8.75 Add | litional | |
| | 6. Name and Address of Current | | | 7. Name and | Address of New Reg | | | |
| | CHARD SET KEY CIRCLE DRDA, FL 33955 | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | City · FL Zip Code | | | | | |
| the obligati | named entity submits this statement fo ons of registered agent. | r the purpose of changing its re | gistered office or regi | istered agent, or bo | oth, in the State of Floric | la. I am familiar with, | and acc | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: F | legistered Agent signature req | tulred when reinstating) | And a trade of the artista. | d DATE of all and the | 24 | |
| 95%) Share: | E NOWILL FEE IS \$150.00 ue by September 8, 2004 | o HA CUUDA MEE CACE | Financing. | \$5.00 May Be | In accordance with corporation did no | h s607.193(2)(b), t receive the prior r | F.S., the | |
| 10. | OFFICERS AND | | 11. 🕢 🔆 🦠 | ADDITIONS | /CHANGES TO OFFICE | ERS AND DIRECTORS | S IN 11 | |
| NAME STREET ADORESS CITY-ST-ZIP | SMITH, RICHARD 3241 SUNSET KEY CIRCLE PUNTA GORDA, FL: 33955 | ☐ Defete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | □ Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SMITH, RICHARD 3241 SUNSET KEY CIRCLE PUNTA GORDA, FL 33955 | ☐ Detete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SMITH, RICHARD 3241 SUNSET KEY CIRCLE PUNTA GORDA, FL 33955 | Oelete | NAME STREET ADDRESS CITY-ST-ZIP | | | | Add | |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | V LeBouthiHier, Sally 232 Hurd street Fairfield CT 06 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Add | |
| NAME STREET ADDRESS CITY - ST - ZIP | Smith, Pamela 3241 Sunset Ker Cue Punta Gorda FL 33 | ☐ Delete | Ep., S | ા છે. જોડ ભારત છે માન્ય ક | and the control of th | Change | Add | |
| NAME STREET ADDRESS CITY-ST-ZIP | Commence of the control of the control of the | Delete House | NAME TO THE | directorial somethesis, | | Charige | Add | |
| | certify that the information supplied with | n this filing does not qualify for the | | n Section 119.07(3) | Yi), Florida Statutes, I fu | urther certify that the in | nformatic | |

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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \

BUT S. B. RICHATED & G. SIGNING OFFICER OR DIRECTOR

RICHARD G. SMITH

Daytime Phone #