

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90018 046 \*\*\*150.00

<b>DOCUMENT # P03000115480</b> 1. Entity Name <b>NORTHPORT ADVISORS, INC.</b>					
Principal Place of Business <b>3241 SUNSET KEY CIRCLE</b> <b>PUNTA GORDA, FL 33955</b>				Mailing Address <b>3241 SUNSET KEY CIRCLE</b> <b>PUNTA GORDA, FL 33955</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>191 Post Road West</b> Suite, Apt. #, etc. <b>Westport CT</b> Zip      Country <b>06880 USA</b>			
6. Name and Address of Current Registered Agent <b>SMITH, RICHARD</b> <b>3241 SUNSET KEY CIRCLE</b> <b>PUNTA GORDA, FL 33955</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, RICHARD 3241 SUNSET KEY CIRCLE PUNTA GORDA, FL 33955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, RICHARD 3241 SUNSET KEY CIRCLE PUNTA GORDA, FL 33955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, RICHARD 3241 SUNSET KEY CIRCLE PUNTA GORDA, FL 33955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LeBouthillier, Sally 232 Hurd street Fairfield CT 06824	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Smith, Pamela 3241 Sunset Key Circle Punta Gorda, FL 33955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Smith, Pamela 3241 Sunset Key Circle Punta Gorda, FL 33955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
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 changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <b>RICHARD E. SMITH</b> <b>15/10/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					