


2006 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90080 049 ***150.00

DOCUMENT # P03000126356		
1. Entity Name PORCELITE SERVICES, INC.		

Principal Place of Business 9121 HUNTCLUB LANE PORT RICHEY FL 34668	Mailing Address 9121 HUNTCLUB LANE PORT RICHEY FL 34668
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2. Principal Place of Business Suite, Apt. # <u>Same as Above</u>		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip <u>34668</u>	Country <u>FLA</u>	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 20-0362249		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SMITH, PAUL A 9121 HUNTCLUB LANE PORT RICHEY FL 34668		
7. Name and Address of New Registered Agent Name <u>Paul A Smith</u> Street Address (P.O. Box Number is Not Acceptable) <u>9121 Hunt Club Ln</u> City <u>Port Richey</u> FL Zip Code <u>34668</u>		

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 Paul A Smith Paul A Smith No Changes 2-5-06

(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-06 727-844-5246