

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90111 042 ***150.00



DOCUMENT # P04000003447

1. Entity Name
 PORT HOLE OF VOLUSIA, INC.

Principal Place of Business: 932 HERBERT ST, PORT ORANGE, FL 32129
 Mailing Address: 932 HERBERT ST, PORT ORANGE, FL 32129



2. Principal Place of Business		3. Mailing Address		04072006	Chg-P	CR2E034 (11/05)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For	
City & State		City & State		74-3113313	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
LOWE, JULIE R 138 CORAL STREET SOUTH DAYTONA, FL 32129				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>	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	DPST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOWE, JULIE R			NAME			
STREET ADDRESS	138 CORAL STREET			STREET ADDRESS			
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	DIRECTOR AND VICE-PRES	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOWREY, ROBERT			NAME			
STREET ADDRESS	1923 SPRUCE WOOD WAY			STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE, FL 32128			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOWREY, ROBERT			NAME			
STREET ADDRESS	12511 UPPER MANATEE RIVER RD			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34202			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOWE, EDWARD			NAME			
STREET ADDRESS	138 CORAL ST			STREET ADDRESS			
CITY-ST-ZIP	S DAYTONA, FL 32119			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 like empowered

SIGNATURE: Julie Lowe *41710(6386)761-6075
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #