

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000022045

1. Entity Name
PORTLAND DECO INC.



Principal Place of Business
**330 ELLIOTT ROAD SE
FORT WALTON BEACH, FL 32548**

Mailing Address
**P O BOX 1251
FORT WALTON BEACH, FL 32549**



03062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0687349

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARLAS, CHRISTOPHER J
330 ELLIOTT ROAD SE
FORT WALTON BEACH, FL 32548**

**DO NOT WRITE
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, 2007 Fee will be \$550.00**

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

**000000688570
04/10/07-80088-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BARLAS, CHRISTOPHER J**
STREET ADDRESS **330 ELLIOTT ROAD SE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE **VP**
NAME **NIELSEN, TIMOTHY J 11**
STREET ADDRESS **44 ARZONIA**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

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IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-28-07 850 685
6619**
Date Daytime Phone #