2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000039595

City-St-Zip:

DT

Title:

Name:

Address:

City-St-Zip:

PORT RICHEY, FL 34653

7426 TANGLEWOOD DRIVE

NEW PORT RICHEY, FL 34654

PIET VAN BEMDEN,

() Delete

FILED Jul 23, 2008 Secretary of State

Entity Nar	ne: PORTF	RICHEY HA	ULERS, INC.						
Current Principal Place of Business:					New Principal Place of Business:				
	ΓY SARK DR HEY, FL 346								
Current Mailing Address:					New Mailing Address:				
P.O. BOX 2 NEW POR	25 T RICHEY, F	FL 34656	US						
FEI Number:	90-0138508	FEI Num	ber Applied For ()	FEI Numbe	er Not Applie	cable ()	Certificat	e of Status Desired	l()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
PORT RIC	TY SARK DR HEY, FL 346	68 US	nis statement for the pu	urnose of o	hanging it	s registeres	d office or re	edistered agent of	or both
	of Florida.	, odbiiilo ti	no statement for the pa		manging is	o regiotere.	d office of re	giotorea agent, e	n both,
SIGNATUR	RE:								
	Electro	onic Signati	ure of Registered Agen	nt				Date	
			., the corporation did not nd Contribution ().	receive the	prior notice).			
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	DS (WINES, BREI 11050 MOON NEW PORT F	LAKE ROAD		Ni Ad	tle: ame: ddress: ity-St-Zip:		(X) Change(I J UELINE DRIVE RICHEY, FL(<i>'</i> [
Title: Name: Address: City-St-Zip:	DP (HEITZMAN, H 6228 AUTHEF NEW PORT F	R AVENUE	34653	N: Ac	tle: ame: ddress: ity-St-Zip:		(X) Change(EN, PIET LEWOOD DRIN RICHEY, FL(vE	
Title: Name: Address:	DVP (MEEKS, ROB 6711 ALTO A			N	tle: ame: ddress:	DVP VERTINO, D 6832 SOUTI	(X) Change(AVID S H PEACH POIN	•	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

HOMOSASSA, FL 34446

() Change () Addition

SIGNATURE: PIET VAN BEMDEN DP 07/23/2008