

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000095554

**1. Entity Name
SPORTPORT INC.**



**Principal Place of Business
18860 LOXAHATCHEE RIVER RD.
JUPITER, FL 33458**

**Mailing Address
18860 LOXAHATCHEE RIVER RD.
JUPITER, FL 33458**



04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
41-2146168**

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

**Applied For
Not Applicable**

6. Name and Address of Current Registered Agent

**RUECKERT, DAVID
18860 LOXAHATCHEE RIVER RD.
JUPITER, FL 33458**

**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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

**000000514141
04/29/06-80160-007 150.00**

10. OFFICERS AND DIRECTORS

**TITLE P
NAME RUECKERT, DAVID
STREET ADDRESS 18860 LOXAHATCHEE RIVER ROAD
CITY-ST-ZIP JUPITER, FL 33458**

**TITLE
NAME
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CITY-ST-ZIP**

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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

4/13/06

Date Daytime Phone #