


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12 2007 08:00 AM
Secretary of State

DOCUMENT # P04000103928 1. Entity Name PORTER PARTNERSHIP GENERAL, INC.	
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Principal Place of Business 410 CAROLINE ST. KEY WEST, FL 33040	Mailing Address 410 CAROLINE ST. KEY WEST, FL 33040
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02022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0099037	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HIGHSMITH, ROBERT E ESQ. 3158 NORTHSIDE DR. KEY WEST, FL 33040

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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, SUZANNE P 410 CAROLINE ST. KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POIRIER, PORTER M 410 CAROLINE ST. KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POUND, RENEE P 410 CAROLINE ST. KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000633943 02/21/07-80082-023 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  **2/1/07 (705) 242-3183**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #