

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103928

FILED  
Mar 18, 2008  
Secretary of State

Entity Name: PORTER PARTNERSHIP GENERAL, INC.

## Current Principal Place of Business:

410 CAROLINE ST.  
KEY WEST, FL 33040

## New Principal Place of Business:

## Current Mailing Address:

410 CAROLINE ST.  
KEY WEST, FL 33040

## New Mailing Address:

FEI Number: 27-0099037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HIGHSMITH, ROBERT E ESQ.  
3158 NORTHSIDE DR.  
KEY WEST, FL 33040 US

## Name and Address of New Registered Agent:

CAMPBELL, SUZANNE P  
410 CAROLINE ST  
KEY WEST, FL 33040 US

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.

SIGNATURE: SUZANNE P CAMPBELL

03/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CAMPBELL, SUZANNE P  
Address: 410 CAROLINE ST.  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: POIRIER, PORTER M  
Address: 410 CAROLINE ST.  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: POUND, RENEE P  
Address: 410 CAROLINE ST.  
City-St-Zip: KEY WEST, FL 33040

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: SUZANNE P CAMPBELL

PRES

03/18/2008

Electronic Signature of Signing Officer or Director

Date