


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State


02-11-2005 90041 040 ***150.00

DOCUMENT # P04000159841	
1. Entity Name MICHAEL LAPORTE, INC.	

Principal Place of Business 17565 72ND RD LOXAHATCHEE, FL 33470	Mailing Address 17565 72ND RD LOXAHATCHEE, FL 33470
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

00015703



02072005 Chg-P CR2E034 (10/03)

4. FEI Number 32-0133319	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	
WYMAN, ANDREW D ESQ 6719 TIBURON CIR BOCA RATON, FL 33433	

7. Name and Address of New Registered Agent	
Name LaPorte, Michael E.	
Street Address (P.O. Box Number is Not Acceptable) 17565-72nd Rd. N.	
City Loxahatchee	Zip Code FL 33470

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 *Michael LaPorte* DATE 02/07/05

(Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent's signature required when terminating))

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LA PORTE, MICHAEL 17565 72ND RD LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Michael LaPorte* **Michael LaPorte** DATE 02/07/05 (561) 512-0478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR