## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P05000048651**

1. Entity Name

PORTERFIELD ENGINEERING, INC.



Principal Place of Business

12273 WEST EMERALD COAST PARKWAY

SUITE 115

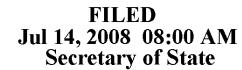
MIRAMAR BEACH, FL 32550

Mailing Address

12273 WEST EMERALD COAST PARKWAY

SUITE 115

MIRAMAR BEACH, FL 32550





06192008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-2600609

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6.	Name	and	Address	of Current	Registered	Agent

PERRY, AMY A 4477 LEGENDARY DRIVE DESTIN, FL 32541

## 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										
	LE NOW!!! FEE IS \$150.00 ue by September 12, 2008	9. Election Campaign Finan Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE P PORTERFIELD, LESLIE H 12273 WEST EMERALD COAST PAI MIRAMAR BEACH, FL 32550	1								
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Neo		000000954491 07/14/08-80002-016 150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE					
TITLE NAME										

I hereby certify that the information supplied with this filling 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 piker like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

850-654-0645