

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000086408

FILED  
Feb 25, 2010  
Secretary of State

Entity Name: PORTE REVE' TRANSPORTATION, INC

**Current Principal Place of Business:**

2539 ANDERSON DRIVE W.  
CLEARWATER, FL 33761 US

**New Principal Place of Business:**

**Current Mailing Address:**

2539 ANDERSON DRIVE W.  
CLEARWATER, FL 33761 US

**New Mailing Address:**

FEI Number: 83-0490169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARRELL, SUSAN L  
2539 ANDERSON DRIVE W.  
CLEARWATER, FL 33761 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HARRELL, SUSAN L  
Address: 2539 ANDERSON DRIVE W.  
City-St-Zip: CLEARWATER, FL 33761 US

Title: TRES  
Name: HARRELL, SUSAN L  
Address: 2539 ANDERSON DRIVE W.  
City-St-Zip: CLEARWATER, FL 33761 US

Title: SECT  
Name: HARRELL, SUSAN L  
Address: 2539 ANDERSON DRIVE W.  
City-St-Zip: CLEARWATER, FL 33761 US

Title: DIR  
Name: HARRELL, SUSAN L  
Address: 2539 ANDERSON DRIVE W.  
City-St-Zip: CLEARWATER, FL 33761 US

I hereby 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 all other like empowered.

SIGNATURE: SUSAN L. HARRELL

PRES

02/25/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date