

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90144 015 ***158.75

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1. Entity Name
NORTH PORT COINS, INC.



Principal Place of Business
**21232 ALDERSON AVENUE
PORT CHARLOTTE, FL 33952-1504**

Mailing Address
**21232 ALDERSON AVENUE
PORT CHARLOTTE, FL 33952-1504**

2. Principal Place of Business - No P.O. Box #
14291 TAMIAQI TRAIL
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
NORTH PORT FL
Zip
34287 Country
USA

City & State
Zip Country

04222008 Chg-P CR2E034 (12/06)

4. FEI Number
261123586 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MILLER SR, RAYMOND C
21232 ALDERSON AVENUE
PORT CHARLOTTE, FL 33952-1504**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

April 29, 2008

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **MILLER, RAYMOND C**
STREET ADDRESS **21232 ALDERSON AVENUE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 339521504**

TITLE **T** ☐ Delete
NAME **MILLER, BRIAN R**
STREET ADDRESS **21232 ALDERSON AVENUE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 339521504**

TITLE **P** ☐ Delete
NAME **SCALICI, JEFFREY R**
STREET ADDRESS **2436 RIO DE JANERO AVE**
CITY-ST-ZIP **PUNTA GORDA, FL 33983**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Ad
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

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, changed, or on an attachment with an address, with all other like empowered.

Raymond C. Miller