

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000130152

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: PORTER AT FREEPORT, INC.

**Current Principal Place of Business:**

809 SOUTH BROAD STREET  
THOMASVILLE, GA 31792

**New Principal Place of Business:**

**Current Mailing Address:**

809 SOUTH BROAD STREET  
THOMASVILLE, GA 31792

**New Mailing Address:**

FEI Number: 26-1544971      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WARREN, BRUCE  
262 HIAMONEE DRIVE  
TALLAHASSEE, FL 32312      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: P ( ) Delete  
Name: PORTER, JOE  
Address: 282 ADAMS  
City-St-Zip: GREENFIELD, TN 38230

Title: SEC ( ) Delete  
Name: WARREN, BRUCE  
Address: 809 SOUTH BROAD STREET  
City-St-Zip: THOMASVILLE, GA 31792

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: R. BRUCE WARREN

P

01/21/2009

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

\_\_\_\_\_ Date