

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000110771

Entity Name: ELISABETH PORTER, P.A.

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6355 WALK CIRCLE  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 542464  
GREENACRES, FL 33454 US

**New Mailing Address:**

P.O. BOX 880313  
BOCA RATON, FL 33488 US

FEI Number: 26-3924147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PORTER, ELISABETH  
6355 WALK CIRCLE  
BOCA RATON, FL 33433 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PORTER, ELISABETH  
Address: P.O. BOX 880313  
City-St-Zip: GREENACRES, FL 33454 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: ELISABETH PORTER

P

01/08/2012

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

\_\_\_\_\_  
Date