

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000062042

Entity Name: PORT RESEARCH, INC.

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

14951 WALDEN SPRINGS WAY  
SUITE 1124  
JACKSONVILLE, FL 32258 US

**New Principal Place of Business:**

**Current Mailing Address:**

14951 WALDEN SPRINGS WAY  
SUITE 1124  
JACKSONVILLE, FL 32258 US

**New Mailing Address:**

FEI Number: 45-2705287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOMERS, JONATHAN  
14951 WALDEN SPRINGS WAY, #1124  
JACKSONVILLE, FL 32258 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: PT  
Name: SOMERS, JONATHAN  
Address: 14951 WALDEN SPRINGS WAY, STE 1124  
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: S  
Name: SOMERS, JAN  
Address: 14951 WALDEN SPRINGS WAY, STE 1124  
City-St-Zip: JACKSONVILLE, FL 32258

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: JONATHAN SOMERS

PT

01/17/2012

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

\_\_\_\_\_  
Date