

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000091126

Entity Name: PRAIRIEVIEW, INC.

FILED
Jan 20, 2004
Secretary of State

Current Principal Place of Business:

56 LEE DRIVE
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

56 LEE DRIVE
ST. AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 59-3286975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, DWAYNE D
56 LEE DR.
ST. AUGUSTINE, FL 32080 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: D () Delete
Name: PORTER, ANNETTE M
Address: 56 LEE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: PORTER, JAMES B.
Address: 11750 CLONLEE AVE
City-St-Zip: GRANADA HILLS, CA 91344

Title: D () Delete
Name: PORTER, MARGIT G
Address: 1501 WEST 24 ST., SUNSET ISLAND #3
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 for the exemption stated in Section 119.07(3)(i), 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: ANNETTE M. PORTER

D

01/20/2004

Electronic Signature of Signing Officer or Director

Date