

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000091665

Entity Name: PORTER ASSOCIATES, INC.

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

712 N GROVE STREET  
EUSTIS, FL 32726

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1360  
EUSTIS, FL 32727

**New Mailing Address:**

FEI Number: 59-3290296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VASON, ROBERT F JR  
501 EAST FIFTH AVE.  
MOUNT DORA, FL 32757 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: DP  
Name: PORTER, FRANK L III  
Address: 712 N GROVE STREET  
City-St-Zip: EUSTIS, FL 32726

Title: DVP  
Name: PORTER, DONNA H  
Address: 712 N GROVE STREET  
City-St-Zip: EUSTIS, FL 32726

Title: DVP  
Name: PORTER, FRANK L IV  
Address: 712 N GROVE STREET  
City-St-Zip: EUSTIS, FL 32726

Title: DVP  
Name: WATERS, DAVID  
Address: 712 N GROVE STREET  
City-St-Zip: EUSTIS, FL 32726

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: FRANK PORTER

PRES

01/08/2010

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

\_\_\_\_\_  
Date