

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90411 010 ***150.00

DOCUMENT # P96000018515

1. Entity Name
 H. T. PORTER, INC.



Principal Place of Business
 225 PALMETTO ST
 NOKOMIS, FL 34275 US

Mailing Address
 225 PALMETTO ST
 NOKOMIS, FL 34275 US

2. Principal Place of Business
 333 TAMiami TRAIL
 Suite, Apt. #, etc.
 219

3. Mailing Address
 8499 S. TAMiami TR.
 Suite, Apt. #, etc.
 248

City & State
 VENICE FL

City & State
 SARASOTA FL

Zip Country
 34285 SARASOTA

Zip Country
 34238 SARASOTA



04122004 Chg-P CR2E034 (10/03)

4. FEI Number
 65-0658609

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PORTER, HARRY T. III
 225 PALMETTO STREET
 NOKOMIS, FL 34275

7. Name and Address of New Registered Agent
 Name
 SUSAN DURYEA
 Street Address (P.O. Box Number is Not Acceptable)
 225 PALMETTO ST.
 City
 NOKOMIS FL Zip Code
 34275

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Susan Duryea* SUSAN DURYEA CEO/PRESIDENT 4-12-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTER, HARRY T. III 225 PALMETTO ST NOKOMIS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO / VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HARRY THOMAS PORTER III 225 PALMETTO ST NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO / PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SUSAN DURYEA 225 PALMETTO ST NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harry T. Porter III* HARRY T PORTER III 04-12-04 941-3214560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #