



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 City & State VENICE FL Zip 34285 Country SARASOTA		3. Mailing Address 8499 S. TAMiami TR. Suite, Apt. #, etc. 248 City & State SARASOTA FL Zip 34238 Country SARASOTA			
4. FEI Number 65-0658609				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04122004 Chg-P CR2E034 (10/03)	
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 <u>SUSAN DURYEA CEO/PRESIDENT</u> 4-12-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CIO / 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	
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	
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: <u>HARRY T. PORTER III</u>			HARRY T. PORTER III 04-12-04 941-3214560 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		