2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90235 044 ***150.00

DOCUMENT # P97000008587

1. Entity Name
LIGHTPORT ADVISORS, INC.

Principal Place of Business	Mailing Address
2739 US HWY 19, SUITE 600 HOLIDAY, FL 34691-2705	2739 US HWY 19, SUITE 600 HOLIDAY, FL 34691-2705

04232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3433192 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BENTLEY, JONATHAN P JR
5128 U.S. 19
NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent

Name: Marcie Seaver
Street Address (P.O. Box Number is Not Acceptable): 2739 U.S. Hwy 19, Suite 600
City: Holiday FL Zip Code: 34691

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 [signature] / Marcie Seaver, CFO DATE 4/27/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	STC BENTLEY, JONATHAN P JR 2739 US HWY 19, STE 600 HOLIDAY, FL 346912705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Bentley, Jonathan P. Jr. 2739 US Hwy 19, Ste 600 Holiday, FL 346912705	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HILL, H. JAY 2739 US HWY 19, STE 600 HOLIDAY, FL 346912705	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Seaver, Marcie 2739 US Hwy 19, Ste 600 Holiday, FL 346912705	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] Marcie Seaver 4/27/2004 (727) 944-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #