

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000020380

FILED
May 25, 2004
Secretary of State

Entity Name: NORTHPORT DEVELOPMENT, INC.

Current Principal Place of Business:

5672 STRAND COURT
STE. 1
NAPLES, FL 34110 US

New Principal Place of Business:

211 PINE VALLEY CIRCLE
NAPLES, FL 34113 US

Current Mailing Address:

5672 STRAND COURT
STE. 1
NAPLES, FL 34110 US

New Mailing Address:

P.O. BOX 552
NAPLES, FL 34106 US

FEI Number: 59-3439310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, JANET
5672 STRAND COURT
STE. 1
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

BARNARD, THOMAS
211 PINE VALLEY CIR
NAPLES, FL 34113 US

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: THOMAS L. BARNARD

05/25/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARDY, ROBERT S
Address: 5672 STRAND COURT., STE. 1
City-St-Zip: NAPLES, FL 34110

Title: VP (X) Delete
Name: BARNARD, TOM
Address: 211 PINE VALLEY CIRCLE
City-St-Zip: NAPLES, FL 34113

Title: S (X) Delete
Name: KELLY, JANET
Address: 5672 STRAND CT #1
City-St-Zip: NAPLES, FL 34110

Title: T (X) Delete
Name: KELLY, JANET
Address: 5672 STRAND CT #1
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: BARNARD, THOMAS L
Address: 211 PINE VALLEY CIRCLE
City-St-Zip: NAPLES, FL 34113 US

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: THOMAS L. BARNARD

MR.

05/25/2004

Electronic Signature of Signing Officer or Director

Date