2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

NATURE:

## Feb 16, 2004 08:00 AM Secretary of State DOCUMENT # P97000100553 1. Entity Name JON PORT & ASSOCIATES, INC. Mailing Address Principal Place of Business 108 SMOKY MOUNTAIN ROAD SEFFNER FL 33584 108 SMOKY MOUNTAIN ROAD SEFFNER FL 33584 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) FEI Number Applied For City & State City & State 59-3483448 Not Applicable Country Zip Zip \$8.75 Additional Country Certificate of Status Desired Fee Required 7/ Name and Address of New Registered Agent 6, Name and Address of Current Registered Agent PORT, JON EDWIN Street Address (P.O. Box Number is Not Acceptable) 108 SMOKY MOUNTAIN ROAD SEFFNER FL 33584 Zip Code City & 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. DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9/Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 114 10.Y Addition TITES TITLE ☐ Delete PORT, JON EDWIN NAME NAME 000000053038 STREET ADDRESS 108 SMOKEY MOUNTAIN ROAD STREET ADDRESS U2/16/Ü4-80117-U16 158.75 CITY - ST - ZIP CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete 3371.5 ☐ Change Addition mue NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP Delete TITLE Change Addition TIBLE SEASE NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CSTY-ST-78P Delete TIDLE Change ☐ Addition TIFLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition | ☐ Delete BILE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition អាក្ ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Thereby certify that the information supplied with this filling 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.

JON FOUNT PERT 2-12-04
DATE

**FILED**