


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000100553
 1. Entity Name
JON PORT & ASSOCIATES, INC.



Principal Place of Business Mailing Address
 108 SMOKY MOUNTAIN ROAD 108 SMOKY MOUNTAIN ROAD
 SEFFNER FL 33584 SEFFNER FL 33584



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

2nd MOORE CR2E034 (5/05)

6. Name and Address of Current Registered Agent
PORT, JON EDWIN
108 SMOKY MOUNTAIN ROAD
SEFFNER FL 33584

7. Name and Address of New Registered Agent
 Name
 Street Address (P. O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS ~~\$650.00~~ 150.00
DUE BY September 7, 2005
Make Check Payable to Florida Department of State
per letter

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PORT, JON EDWIN	
STREET ADDRESS	108 SMOKEY MOUNTAIN ROAD	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000375503	
STREET ADDRESS	08/03/05-80005-014	
CITY-ST-ZIP	158.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jon Port **JON E PORT** Date: July 30, 2005 Daytime Phone #: 813-208-8018