


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000100553</b> 1. Entity Name <b>JON PORT &amp; ASSOCIATES, INC.</b>	
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Principal Place of Business <b>108 SMOKY MOUNTAIN ROAD SEFFNER FL 33584</b>	Mailing Address <b>108 SMOKY MOUNTAIN ROAD SEFFNER FL 33584</b>
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2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>59-3483448</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip
Country	Country	1st MOORE CR2E034 (10/05)

**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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	U00000405136		
NAME	02/07/06-80028-020 158.75	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 E. Port **JON EDWIN PORT** **1-29-06** **813-206-0013/12**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #