## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000100553

Entity Name: JON PORT & ASSOCIATES, INC.

FILED Apr 17, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

108 SMOKY MOUNTAIN ROAD 108 N SMOKEY MOUNTAIN ROAD SEFFNER, FL 33584

SEFFNER, FL 33584

**Current Mailing Address: New Mailing Address:** 

108 SMOKY MOUNTAIN ROAD 108 N SMOKEY MOUNTAIN ROAD

SEFFNER, FL 33584 SEFFNER, FL 33584

FEI Number: 59-3483448 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PORT, JON EDWIN PORT, JON EDWIN 108 SMOKY MOUNTAIN ROAD 108 N SMOKEY MOUNTAIN ROAD SEFFNER, FL 33584 SEFFNER, FL 33584

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: JON EDWIN PORT 04/17/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

in the State of Florida.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

PORT, JON EDWIN PORT, JON EDWIN Name: Name:

108 SMOKEY MOUNTAIN ROAD Address: 108 N SMOKEY MOUNTAIN ROAD Address:

City-St-Zip: SEFFNER, FL 33584 City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JON EDWIN PORT 04/17/2009 D