


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90056 023 ***150.00

DOCUMENT # P98000008929 1. Entity Name PORTFOLIO PROPERTY SERVICES, INC.					
Principal Place of Business 102 E BROADWAY EVERGLADES CITY, FL 34139 US			Mailing Address PO BOX 530 EVERGLADES CITY, FL 34139 US		
2. Principal Place of Business - No P.O. Box # 408 SCHOOL DRIVE		3. Mailing Address PO BOX 279			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State EVERGLADES CITY		City & State EVERGLADES CITY		4. FEI Number 59-3488394	
Zip 34139		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 34139		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEORGE, DAVID L 102 EAST BROADWAY APT 101 EVERGLADES CITY, FL 34139				7. Name and Address of New Registered Agent Name GEORGE DAVID L Street Address (P.O. Box Number is Not Acceptable) 408 SCHOOL DRIVE City EVERGLADES CITY FL Zip Code 34139	
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: <u><i>George</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME GEORGE, DAVID L		TITLE PRESIDENT	NAME GEORGE DAVID L	
STREET ADDRESS 102 E BROADWAY	CITY-ST-ZIP EVERGLADES CITY, FL 34139		STREET ADDRESS 408 SCHOOL DRIVE	CITY-ST-ZIP EVERGLADES CITY FL 34139	
TITLE VP	NAME BENNETT, MARGETT A		TITLE VP	NAME BENNETT MARGARET A	
STREET ADDRESS 102 E BROADWAY	CITY-ST-ZIP EVERGLADES CITY, FL 34139		STREET ADDRESS 408 SCHOOL DRIVE	CITY-ST-ZIP EVERGLADES CITY FL 34139	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>George</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2/1/08</u> Daytime Phone #: <u>239 821 9024</u>		