## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Aug 11, 2004 08:00 AM Secretary of State **DOCUMENT # P98000079973** PORTOFINO APARTMENTS, INC. Principal Place of Business Mailing Address 211 S HOWARD AVE 211 S HOWARD AVE **TAMPA, FL 33606** TAMPA, FL 33606 08092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3533828 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HUGHES, DONALD C DO NOT WRITE 211 S HOWARD AVE TAMPA, FL 33606 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstaking) U00000169849 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$550.00 08/11/04-80001-018 550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. **PVST** TITLE NAME HUGHES, DONALD STREET ADDRESS 211 S HOWARD AVE City-ST-23P TAMPA, FL 33606 THILE HUGHES, DONALD NAME STREET ADDRESS 211 S HOWARD AVE CHY-ST-ZIP TAMPA, FL 33606 TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP 337) F NAME

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 yue 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 of the secure 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** 

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

HATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day was Obana 8

**FILED**