


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT-**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000087155</b> 1. Entity Name <b>PORTSMOUTH BUSINESS CENTER, INC.</b>	
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Principal Place of Business <b>2578 ENTERPRISE RD. #342 ORANGE CITY, FL 32763 US</b>	Mailing Address <b>2578 ENTERPRISE RD. #342 ORANGE CITY, FL 32763 US</b>
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04112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3540690</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>RYAN, MICHAEL 215 NORTH EOLA DRIVE ORLANDO, FL 32801</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, DAVID M 2578 ENTERPRISE RD. #342 ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, THOMAS E 611 CENTRAL ROAD RYE BEACH, NH 03871
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COAKLEY, RONALD C P.O. BOX 190 GREENLAND, NH 03871
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILBRICK, DONALD J 110 CENTRAL ROAD RYE, NH 03870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1100000309582 04/16/05-80042-023 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** David M McLean, President **4/13/05** **386** **668 3370**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #