


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90094 042 \*\*\*150.00

<b>DOCUMENT # P99000029842</b> 1. Entity Name PORTER THROWER COMPANY, INC.	
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Principal Place of Business 2700 10TH STREET PANAMA CITY, FL 32401	Mailing Address 1413 DEER AVE PANAMA CITY, FL 32401
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**DO NOT WRITE IN THIS SPACE**



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3567158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WALTERS, ELIZABETH J ESQ. 221 MCKENZIE AVENUE BURKE & BLUE, P.A. PANAMA CITY, FL 32402
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**DO NOT WRITE  
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. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THROWER, E. PORTER 2700 10TH STREET PANAMA CITY, FL 32401
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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)(i), 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:**  **E. PORTER THROWER** 5/2/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

850 872-0000