2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # \$92155 1. Entity Name					Apr 12, 2006 08:00 AM Secretary of State		
PORTFO	LIO HOMES, INC.	••		19	-		
Principal Place of Business		Mailing Address					
1501 SUNS KISSIMMEE	ET POINTE PLACE EFL 34744	1501 SUNSET POINTE KISSIMMEE FL 34744					
2. Principal Place of Business		3. Mailing Address			1 100 101 12 12 12 12 13 14 15 15 15 15 15 15 15	#33 #356) #(#II) #1#31 #349 #3	1831981 1) (88)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2	2E034 (10/05)	
City & State		City & State		_	4. FEI Number 59-3118497	\	opplied For
Zip	. Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Ad	Iditional
	6. Name and Address of Current	Registered Agent	Name		7. Name and Address of New Regis	•	-
150	ITMORE, STEVEN W. PI SUNSET POINTE PLACE SIMMEE FL 34744		Street A	ddress (F	P.O. Box Number is Not Acceptable)	<u> </u>	
			City			FL Zip Coo	de
8. The above the obligation	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office or	registere	ed agent, or both, in the State of Florida.		and acces
SIGNATURE	Signature, typed or pointed name of registered agent.	and title if applicable (NOT)	E Ragistered Agent signatu	beautor ex	when re-unstatury)	OATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department of	1. 200 (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			Election Campaign F Trust Fund Contribut		.00 May Eled to Fees
10.	OFFICERS AND	,5T)*14.T	11.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	IS IN 11
TITLE NAME	VST WHITMORE, PAMELA A	☐ Delete	BILE NAME			☐ Change	A Addition
t	1501 SUNSET POINTE PLACE KISSIMMEE FL 34744	_	STREET ADDRESS CITY-ST-ZIP		H0000050492 04/26/06-80094	4 -013 150.0	0
TITLE	P	☐ Delete	197LE	-		□ Спапде	
NAMC STREET ADDRESS	WHITMORE, STEVEN W. 1501 SUNSET POINTE DRIVE		name Street address				
CHY-ST-ZIP	KISSIMMEE FL 34744		CITY-SY-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	
STREET ADDRESS CITY-ST-ZIP		· ·	STRLET ADDRESS CITY-ST-ZIP				
BILE		☐ Delete	TNYLE			[] Change	hd.co
NAME Street address			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Oelete	TITLE			☐ Change	Additio
STREET ADDRESS			NAME STREET ADDRESS				
CHY-ST-ZIP			C)TY - ST - ZIP				
TITLE NAME		☐ Detete	TITLE NAME			Clvange	☐ Additio
STREET ADDRESS	,		STREET ADDRESS				
12. I hereby o	pertify that the information supplied with	this filing does not qualify fo	or the exemptions of	ontained	in Section 119, Florida Statutes. I furthe	er certify that the ii	nformation
indicated of the corr if charges	on this report or supplemental report is poration or the receiver or trustee empi d, or on an attachment with an address	true and accurate and that movered to execute this report, with all other tike empowers	ny signature shari na Las repulited by Cha	ave ine sa apier 607.	ame legal ellect as it made under oath, t 7. Florida Statutes: and that my name a n	hat I am an officer bears in Block 10 r	or director or Block 11
SIGNAT	URE: MAULAL	Whit	Vice Pre	sicle	Uhitmore Put 1-28-06	407-936	7-6732

FILED