

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35506

FILED
Apr 08, 2008
Secretary of State

Entity Name: NORTH PORT ONE CORP.

Current Principal Place of Business:

14805 TAMIAMI TR
NORTH PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

25191 OLYMPIA AVE.
PUNTA GORDA, FL 339504072

New Mailing Address:

FEI Number: 65-0334531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVETT, RYLAND
5270 WHITE IBIS DRIVE
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: LOVETT, RYLAND,
Address: 5270 WHITE IBIS DR
City-St-Zip: NORTH PORT, FL 34287

Title: T () Delete
Name: LOVETT, RYLAND,
Address: 5270 WHITE IBIS DR.
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: LOVETT, RYLAND
Address: 5270 WHITE IBIS DR
City-St-Zip: NORTH PORT, FL 34287

Title: T (X) Change () Addition
Name: LOVETT, RYLAND
Address: 5270 WHITE IBIS DR.
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RYLAND LOVETT

P

04/08/2008

Electronic Signature of Signing Officer or Director

Date