## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 18, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # P02000124- POL SERVICE, INC.	455				03-18-20	05 90078	036 ***1:	50.00
Principal Plac	e of Business	Mailing Address	<b>'</b>				i,		
PO BOX 770		PO BOX 770463 POMPANO BEACH, FL 3	3077				7	5002	8015
	•					<b>11</b> 11 1111 1111 1111			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03142005	Chg-P	CR2E	034 (10/03)	
City & State	8	City & State			4. FEI Number 02-065			<u> </u>	oplied For · ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of Nev	Registered	Agent	
	الميدار والمدر بهيات يسبه السيان الرارا		Name		الراح الشوا	٠.			
3284 NOR	ISEPH K P.A. ITH STATE ROAD 7 IALE LAKES, FL 33319	•	Street A	ddress (F	P.O. Box Numb	er is Not Accepta	ble)		
Broberro	, LL D 11/LO, 1 L 00010								
			City				FI	Zip Cod	е
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or	registere	ed agent, or bo	th, in the State of	Florida. I an	familiar with,	and accept
		•							
SIGNATURE_									
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signat.	ure required	when reinstating)		DATE		
FiL	Signature, typed or printed name of registered agent as ENOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig	n Financing	\$5.	when reinstating)  OO May Be and to Fees	The state of the s	DATE		
FiL	E NOWIII FEE IS \$150.00	9. Election Campaig Trust Fund Contrit	n Financing	\$5.	00 May Be od to Fees	CHANGES TO C		D DIRECTOR	
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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 papert 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE!