# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 26, 2004**
**Secretary of State**

DOCUMENT# P03000004784

**Entity Name:** POLLY'S DREAM, INC.

**Current Principal Place of Business:**

317 N. HIGHLAND
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

317 N. HIGHLAND
CLEARWATER, FL 33755

**New Mailing Address:**

**FEI Number: 35-2192533** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INGRASSIA, DAWN
317 N. HIGHLAND
CLEARWATER, FL 33755

**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: P ( ) Delete
Name: INGRASSIA, DONALD
Address: 317 N. HIGHLAND
City-St-Zip: CLEARWATER, FL 33755

Title: S ( ) Delete
Name: INGRASSIA, DAWN
Address: 317 N. HIGHLAND
City-St-Zip: CLEARWATER, FL 33755

Title: V ( ) Delete
Name: INGRASSIA, CHARLES III
Address: 317 N. HIGHLAND
City-St-Zip: CLEARWATER, FL 33755

Title: T ( ) Delete
Name: INGRASSIA, MICHAEL
Address: 317 N. HIGHLAND
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete
Name: INGRASSIA, KENNETH
Address: 317 N. HIGHLAND
City-St-Zip: CLEARWATER, FL 33755

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAWN INGRASSIA S 02/26/2004

Electronic Signature of Signing Officer or Director — Date