

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90055 045 ***150.00

DOCUMENT # P03000030741					
1. Entity Name POLARIS PRODUCTIONS, INC.					
Principal Place of Business 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237			Mailing Address 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237		
2. Principal Place of Business		3. Mailing Address 6295 MANASOTA KEY RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Englewood FL		4. FEI Number 65-0564972	
Zip		Country		Applied For Not Applicable	
Zip 34223		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRATT, HELEN 6295 ENGLEWOOD RD ENGLEWOOD, FL 34223			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINTON, STANLEY R ☐ Delete 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINTON, DOLORES ☐ Delete 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Stanley R Vinton</u> 2/13/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					