2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 24, 2006 8:00 am
Secretary of State
04-11-2006 90121 027 ***150.00

66011646

DOCUMENT # P04000104623

1. Entity Name
POLLOCK ENTERPRISES USA, INC.

Principal Place of Business	Mailing Address
16 PATUXENT LANE PALM COAST, FL 32164 US	16 PATUXENT LANE PALM COAST, FL 32164 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03292006 Chg-P CR2E034 (11/05)

4. FEI Number APPLIED FOR 20-1878502 — Applied For / Not Applicable

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
POLLOCK, RUSSELL E. 16 PATUXENT LANE PALM COAST, FL 32164	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 R. Pollock. 4/7/06
Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLOCK, RUSSELL E 47 COMANCHE COURT PALM COAST, FL 32137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pollock, Russell E 16 Patuxent Lane Palm Coast, FL 32164 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POLLOCK, DANIEL D 47 COMANCHE COURT PALM COAST, FL 32137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Pollock, Daniel D. 16 Patuxent Lane Palm Coast, FL 32164 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: R. Pollock 4/7/06 386 446 3833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

66011646

#P04000104623

Form **SS-4**
(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN 20-1876502

OMB No. 1545-0003

1* Legal name of entity (or individual) for whom the EIN is being requested
Pollock Enterprises USA Inc

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a* Mailing address (room, apt., suite no. and street, or P.O. box)
1517 E Hillcrest Street

5a Street address (if different) (Do not enter a P.O. box)

4b* City, state, and ZIP code
Orlando FL 32803 -

5b City, state, and ZIP code
-

6* County and state where principal business is located
County Orange State FL

7a Name of principal officer, general partner, grantor, owner, or trustor
Wayne Smalley

7b SSN, ITIN, EIN
310-42-1629

8a* Type of entity (check only one)
- ☐ Sole Proprietor (SSN)
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶
- ☐ Personal Service
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☑ Other (specify) ▶ Multi Member LLC
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- Group Exemption NO. (GEN) ▶
- ☐ State/local government
- ☐ Federal government/military
- ☐ Indian tribal government/enterprises

8b If a corporation, name the state or foreign country (if applicable) where incorporated | State | Foreign country

9* Reason for applying (check only one)
- ☑ Started new business (specify type)
- ▶ LLC
- ☐ Hired employees (Check the box and see line 12)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

10* Date business started or acquired (month, day, year)
JUL 14 2004

11 Closing month of accounting year
DEC

12 First date wages or annuities were paid or will be paid (month, day, year) *Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ..... ▶

13 Highest number of employees expected in the next twelve months *Note: If the applicant does not expect to have any employees during the period, enter "-0-"* ..... ▶ | Agriculture | Household | Other
0

14* Check box that best describes the principal activity of your business
- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Wholesale-agent/broker
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Accommodation & food service
- ☐ Wholesale-other
- ☐ Retail
- ☑ Other (specify) Consulting

15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Consulting

16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... ☐ Yes ☑ No
Note If "Yes" please complete lines 16b and 16c

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶
Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
Approximate date when filed (month, day, year) | City and state where filed | Previous EIN
-

Third Party Designee

Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form

Designee's name | Designee's telephone number (include area code)
( ) -

Address and ZIP code | Designee's fax number (include area code)
( ) -

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
Name and title (type or print clearly)

Applicant's telephone number (include area code)