


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90032 005 ***150.00

DOCUMENT # P32089
 1. Entity Name
POLEN CAPITAL MANAGEMENT, INC.



Principal Place of Business 14502 N. DALE MABRY SUITE 303 TAMPA, FL 33618 US	Mailing Address 14502 N. DALE MABRY SUITE 303 TAMPA, FL 33618 US
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4406440



2. Principal Place of Business 2700 N. MILITARY TRAIL Suite, Apt. #, etc. SUITE 230	3. Mailing Address 2700 N. MILITARY TRAIL Suite, Apt. #, etc. SUITE 230
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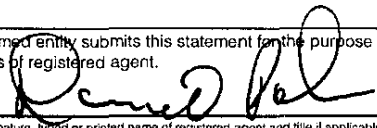
03262004 Chg-P CR2E034 (10/03)

City & State BOCA RATON, FL	City & State BOCA RATON, FL	4. FEI Number 13-2984374	Applied For <input type="checkbox"/> Not Applicable
Zip 33431	Country USA	Zip 33431	Country USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent POLEN, DAVID M. 3913 NORTHAMPTON WAY TAMPA, FL 33624	7. Name and Address of New Registered Agent Name: POLEN, DAVID M Street Address (P.O. Box Number is Not Acceptable) 7134 MELROSE CASTLE LANE City: BOCA RATON FL Zip Code: 33496
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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:  DATE: _____

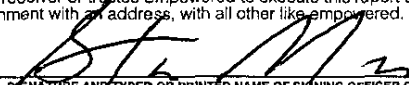
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing **\$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 - ZIP	PD POLEN, DAVID M. 3913 NORTHAMPTON WAY TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ZIP	PD POLEN, DAVID M 7134 MELROSE CASTLE LANE BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ZIP	COO/CFO STAN C. MOSS 2914 BANYAN BLVD CIRCLE NW BOCA RATON, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  **3/31/04** **561 241 2425**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #