
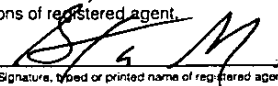
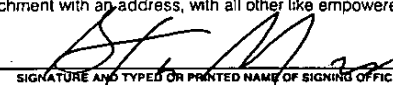


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90298 007 ***150.00

DOCUMENT # P32089			
1. Entity Name POLEN CAPITAL MANAGEMENT, INC.			
Principal Place of Business 2700 N. MILITARY TRAIL., STE 230 BOCA RATON, FL 33431 US		Mailing Address 2700 N. MILITARY TRAIL., STE 230 SUITE 303 BOCA RATON, FL 33431 US	
2. Principal Place of Business		3. Mailing Address 2700 N. MILITARY TRAIL	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 230	
City & State		City & State BOCA RATON, FL	
Zip	Country	Zip	Country
		33431	US
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
POLEN, DAVID M. 7134 MELROSE CASTLE LANE BOCA RATON, FL 33496		Name: STAN C. MOSS Street Address (P.O. Box Number is Not Acceptable): 2700 N. MILITARY TRAIL SUITE 230 City: BOCA RATON FL Zip Code: 33431	
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: 4/15/05	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLEN, DAVID M.	NAME	POLEN, DAVID M.
STREET ADDRESS	7134 MELROSE CASTLE LANE	STREET ADDRESS	2700 N. MILITARY TRAIL #230
CITY-ST-ZIP	BOCA RATON, FL 33496	CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	CFO <input type="checkbox"/> Delete	TITLE	COO AND CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, STAN C	NAME	MOSS, STAN C
STREET ADDRESS	2914 BANYAN BLVD. CIR. NW	STREET ADDRESS	2700 N. MILITARY TRAIL #230
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		DATE: 4/15/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #: 561-241-2425	