


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 05, 2007 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
2700 N. MILITARY TRAIL., STE 230 **2700 N. MILITARY TRAIL., STE 230**
BOCA RATON, FL 33431 US **BOCA RATON, FL 33431 US**

DO NOT WRITE IN THIS SPACE



02202007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 13-2984374 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MOSS, STAN C.
2700 N. MILITARY TRAIL
SUITE 230
BOCA RATON, FL 33431

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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, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | U00000654286 03/13/07-80055-016 150.00 |
|---|--|------------------------------------|---|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD POLEN, DAVID M. 2700 N. MILITARY TRAIL, # 230 BOCA RATON, FL 33431 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CFOD MOSS, STAN C 2700 N. MILITARY TRAIL, # 230 BOCA RATON, FL 33431 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | COS MOSS, STAN C 2700 N MILITARY TR., #230 BOCA RATON, FL 33431 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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: Stan Moss **STAN MOSS** 2/20/2007 561-241-2425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #