

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT# P32089

1. Entity Name
POLEN CAPITAL MANAGEMENT, INC.



FILED
Jun 26, 2008 08:00 AM
Secretary of State

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

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



06202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2984374	Applied For Not Applicable
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5. Certificate of Status Desired **\$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**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	

**DO NOT WRITE
IN THIS SPACE**

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06/26/08-80001-023 150.00

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 officers empowered.

SIGNATURE: Stan C. Moss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/08 561-241-2425
Date Daytime Phone #