


FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90028 003 ***158.75

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # S76852
 1. Entity Name
POLARIS ASSOCIATES, INC.



Principal Place of Business Mailing Address
18850 US HWY 19 N **18850 US HWY 19 N**
SUITE 500 **SUITE 500**
CLEARWATER, FL 33764 US **CLEARWATER, FL 33764 US**

60007174



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01102007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-3085869 Not Applicable

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

6. Name and Address of Current Registered Agent
DIEHL, JOHN O.
386 SHEFFIELD CIRCLE W
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent
 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 _____
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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DIEHL, JOHN O	
STREET ADDRESS	386 SHEFFIELD CIR W	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	DST	<input type="checkbox"/> Delete
NAME	FERRANS, DANIEL D	
STREET ADDRESS	1515 MICHIGAN AVE	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	V	<input type="checkbox"/> Delete
NAME	RIZZUTO, DAN H	
STREET ADDRESS	5 HAMMOCK PL	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEIGLE, JOHN D	
STREET ADDRESS	3343 PATTIE PL	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCOTT, ACKER	
STREET ADDRESS	19 CITRUS DR	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: DANIEL D. FERRANS Date: 1-23-07 Daytime Phone #: 727-524-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR