## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S76852

Title:

Name:

Address:

City-St-Zip:

Entity Name: POLARIS ASSOCIATES, INC.

## FILED Jan 15, 2009 Secretary of State

Littly Nan	IIE. FOLARIO AC	SOCIATES, INC.				
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:		
18850 US F SUITE 500 CLEARWA	HWY 19 N TER, FL 33764	US	18850 US HIGHWAY SUITE 500 CLEARWATER, FL			
Current Ma	ailing Address:		New Mailing Addres	New Mailing Address:		
18850 US F SUITE 500 CLEARWA	HWY 19 N TER, FL 33764	US	18850 US HIGHWAY SUITE 500 CLEARWATER, FL			
FEI Number:	59-3085869 F	El Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)		
Name and	Address of Curr	ent Registered Agent:	Name and Address	Name and Address of New Registered Agent:		
DIEHL, JOH 386 SHEFF PALM HAR	HN O. FIELD CIRCLE W RBOR, FL 34683	US	DIEHL, JOHN O PRE 386 SHEFFIELD CIR PALM HARBOR, FL	CLE W		
The above in the State		mits this statement for the	ourpose of changing its register	ed office or registered agent, or both,		
SIGNATUR	RE: JOHN O. DIE	EHL		01/15/2009		
	Electronic S	Signature of Registered Ag	ent	Date		
Election Cam	npaign Financing Tr	ust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () Del DIEHL, JOHN O 386 SHEFFIELD CI PALM HARBOR, FL	R W	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DST () Del FERRANS, DANIEL 1515 MICHIGAN AV PALM HARBOR, FL	D Œ	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	V () Del RIZZUTO, DAN H 5 HAMMOCK PL SAFETY HARBOR,		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	V () Del WEIGLE, JOHN D 3343 PATTIE PL PALM HARBOR, FL		Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE:	DANIEL D. FERRANS	DST	01/15/2009

(X) Delete

PALM HARBOR, FL 34685

SCOTT, ACKER

19 CITRUS DR

() Change () Addition