

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90058 001 ***150.00

DOCUMENT # 272015

1. Entity Name
POLZIN HOUSING CORP



Principal Place of Business Mailing Address
1701 SKEES RD P.O. BOX 15498
WEST PALM BEACH, FL 33411 US WEST PALM BCH, FL 33416 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

02132007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number 59-1083650 Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHARKEY, MICHAEL
1701 SKEES ROAD
W. PALM BCH, FL 33416

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME SHARKEY, MICHAEL
STREET ADDRESS 6444 BRIDGEPORT LANE
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE ☒ Change ☐ Addition
NAME PAUL PARISI
STREET ADDRESS 6748 COBIA CIRCLE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE VD ☒ Delete
NAME SHARKLEY, JAYNE
STREET ADDRESS 6444 BRIDGEPORT LN
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☒ Delete
NAME TESSMER, WILMA
STREET ADDRESS 1750 N. CONGRESS
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #