

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 282639**

1. Entity Name  
**FLORIDA POLO, INC.**



Principal Place of Business  
**4550 POLO ROAD  
LAKE WORTH, FL 33467-3718**

Mailing Address  
**4550 POLO ROAD  
LAKE WORTH, FL 33467-3718**



01182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1096396**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BYRD, WADE R  
350 ROYAL PALM WAY  
PALM BEACH, FL 33480**

**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 \_\_\_\_\_

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, 2008 Fee will be \$550.00**

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

UD00000893861  
04/24/08-80005-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	AVERSANO, RANDY
STREET ADDRESS	2643 SHELTINGHAM DRIVE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	V
NAME	DOUGHERTY, KEVIN
STREET ADDRESS	455 SPRING PARK PLACE #100
CITY-ST-ZIP	HERNDON, VA 20170
TITLE	S
NAME	BYRD, WADE R.
STREET ADDRESS	350 ROYAL PALM WAY STE 409
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	T
NAME	LIPMAN, ROBERT
STREET ADDRESS	411 GREAT CIRCLE ROAD
CITY-ST-ZIP	NASHVILLE, TN 37228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Randy Aversano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-10-08 561-965-2057*  
Date Daytime Phone #